

THE

NEW YORK

DENTAL RECORDER,

DEVOTED TO THE THEORY AND PRACTICE OF

SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

EDITED BY

C. C. ALLEN, M. D., DENTIST.



VOLUME II.



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Vol. II.

OCTOBER 1, 1847.

No. 1.

PRESERVATION OF THE DECIDUOUS TEETH.

BY A PHYSICIAN.

TO THE EDITOR OF THE DENTAL RECORDER.

Dear Sir,—Allow me, through the medium of the Dental Recorder, to call the attention of parents, physicians, and Dentists to an operation upon children's teeth, which, so far as I am informed, has heretofore received but little attention. I allude to the plugging or filling of deciduous teeth whenever they begin to decay.

As these teeth are merely temporary, are destined soon to fall out, and their places to be supplied by a new and permanent set, they are generally regarded as of but little consequence, the decay is allowed to progress until the nerve is exposed, and the little patient becomes the victim of excruciating pain, and is often obliged to submit to the operation of having them removed. When the operation of extraction is not resorted to, the consequences are often none the less severe. Generally, the decay continues, the nerves die, and the roots soon lose their vitality, and are not absorbed, as the roots of healthy teeth are, to make room for the new ones which are growing beneath them. These dead roots remaining in the jaw, frequently cause severe and painful gum-boils, which often disturb the health of the whole system.

I think I have observed that the dead roots which remain in the jaw are a more frequent cause of deformity and irregularity in the permanent teeth than any thing else, as while they remain they give a wrong direction to the new ones about to appear, causing them to make their eruption on one side of the old root, when they should occupy nearly its exact position.

Several years since, while examining my child's teeth, I observed decayed spots between several of them, and having witnessed, in the course of my practice, much suffering among children, from similar diseases of the teeth, I determined, if possible, immediately to have them stopped. With this view, I took the child to a Surgeon Dentist, had the decay removed, and the cavities filled with tin foil. The operation was submitted to without a murmur, and without inflicting any

pain. The teeth, some of which were quite tender, so that the child complained of pain when biting hard food, were completely restored, and in most of them the decay was thoroughly arrested.

Some of them have since become loose, and been taken out with the fillings in them, and two or three that were operated upon remain healthy in the mouth, destined to fall out at the appointed time.

The Dentist informed me that he had often performed this operation with entire success, but that, notwithstanding its great importance, but few persons who have the charge of children could be induced to give them the benefit of it. I am fully confident that if the beneficial effects of this operation were more generally understood, parental affection would induce parents and guardians to give their children the benefits of it whenever the decay of their teeth required it. Next to a sound constitution and a good moral and intellectual education, there is no blessing greater than sound, healthy, and beautiful teeth: they are an ornament to youth and a comfort to old age; but, like most other blessings, they are seldom appreciated until, by neglect, we are deprived of the use of them.

To such perfection is the science of dental surgery now brought, that it is in the power of the skilful dentist to insure to almost every person a good set of teeth through life, if he will but take care of them, and avail himself of his skill and science before it is too late.

[For the Dental Recorder.]

A SOCIETY OF DENTAL SURGEONS IN NEW YORK.

SINCE the amalgam controversy has in some degree subsided, and the society which has for its motto "GOLD" has diminished its numbers to a mere fraction, embracing in its membership, I believe, but five of the two hundred dentists of this city, I think a favorable opportunity presents itself for forming a new society, whose object shall be to promote the advancement of dental science by mutual instruction; and I think for this purpose all should join, as it is a well-known fact that in dental surgery a lamentable disparity of opinion exists in regard to the treatment of the most ordinary forms of dental disease. The means of obtaining knowledge in this department of surgery are deficient in the extreme, the consequence of which is, that most of us are experimenters, in a greater or less degree, upon cases which have been, and are, treated by others with success, while they, in their turn, are experimenting with equal want of knowledge in other cases, or are perhaps puffing (what they suppose a recent discovery) that treatment which we have practised for years with success, or perhaps have condemned after having proved it valueless.

A Society which shall meet for friendly intercourse, for lecture, or debate, at regular intervals, would, I think, be productive of much

good, and no possible evil to ourselves or our patients. The improvements which are constantly made in all the arts and sciences, it is to be hoped, may be made to extend to ours, and I can conceive of no means better adapted to that end than the one proposed. I would therefore suggest that all members of the profession favorable to such an association leave their names at Mr. Jones's Dental Depot, or with the Editor of the Dental Recorder, No. 28 Warren street.

DENTAL SURGERY.

The suggestion of our correspondent "Dental Surgery," in reference to the formation of a Society for mutual improvement in the city of New York, we conceive an excellent one, if it can be formed on the right principles. The recent proceedings of the American Society of Dental Surgeons has divided the profession into two classes, the amalgam and anti-amalgam.

Unless a society can be formed which will unite men from both of these classes (and there are good men and true in both), and thereby heal this unfortunate division, but little good can be anticipated from it.

We have an Anti-Amalgam Society in the country now, and to establish at this time an association of Amalgam Dentists would savor too much of party, and would only serve to separate still wider the breach which has already been made in the profession. If a society is formed, it must be upon the most liberal principles, embracing all now in the practice of Dental Surgery—no exclusiveness, no favoritism must be admitted, nor must it be under the control of any party or clique. Let the Dentists meet, by a unanimous call, in convention, and form such a constitution as the majority shall see fit, and when formed, and adopted by the convention, let all who will sign it become members of the Society. In this way will a society be formed which will represent the feeling and character of the great mass of practising Surgeon Dentists in our city. It is our firm belief that if this plan were pursued, that such a society would be formed as no man of the profession need be ashamed to belong to. To those who have taken pains to become acquainted with the different members of this profession in the city and vicinity of New York, as we have during the past few years, it is sufficiently apparent that the poorest operators among us feel the need of self-elevation and improvement, and would gladly avail themselves of the knowledge of their superiors, if it were not shut out from them by a cold reserve and indifference, not to say contempt. We are satisfied that the highest-minded among us will not fear to trust the interests and honors of Dental Surgery in the hands of a convention, of its practitioners, and that a society formed on these liberal principles would do more in five years to elevate the profession than all the advice which could be doled out by a clique of self-constituted exclusives in half a century.—*Ed. Recorder.*

ON REFINING AND PLATING GOLD, AND MAKING SOLDERS.

THE following extract, from the American Journal of Dental Science, is a portion of one of the "Contributions to Operative and Mechanical Dentistry" made from time to time, for the last few years, by W. H. Elliot, of Montreal. It has always given us pleasure to see any thing from the pen of Dr. E., because his writings have generally been of a practical character, containing a plain statement of facts which he has witnessed, or improvements made, in his own practice.

Dentists who are situated where they cannot have convenient access to a worker in gold, should by all means know how to do it themselves. A little practice with the theory here laid down by Dr. Elliot will enable them to manufacture their own plate and wire without any difficulty.

The process of rendering gold malleable by melting and refining, is simple to those who witness it; yet the first attempts of the essayist are seldom perfectly successful, for the want of tact in the management of the fire, crucible, &c.; but the exercise of a little patience will overcome all difficulties. The directions that we shall give are concise, yet sufficient for the purpose of the dental artist, and if followed out to the letter, will, in all cases, produce the desired result. The following implements are necessary for this purpose: a small draught furnace, a quantity of fine hard-wood coal, a clean crucible with a sheet-iron cover, a light crucible tongs, an ingot mould made of soap-stone, a little nitrate of potassa, carbonate of potassa, borax and oil. The fire-place of the furnace should be about ten inches in diameter, and eight or ten deep; this should be connected by means of a pipe with the chimney, so that a powerful draught may be made to pass through the coal. A blast furnace is objectionable, for the reason that the bellows burns out the coal immediately under the crucible, and it is therefore constantly dropping down, which is not the case with the draught furnace; besides, the draught furnace produces a more even fire, a quality equally indispensable.*

In preparing for a heat, the furnace should be filled about half full of coal, and after it is well ignited, it should be consolidated as much as practicable without choking the draught. The crucible containing the metal, and a little borax, may then be set on, and more coal placed around and over it, the door of the furnace closed, and the damper

* Dentists who are not permanently located, but travelling from town to town, need not take the trouble of constructing a furnace of this kind. Although it is more convenient than a blast furnace, yet for one or two meltings a common blacksmith's forge will answer every purpose, care being taken to select a good sound crucible, and in heating it slowly at first, and in keeping up a steady heat while the gold is in a melted state, to prevent cracking, as in case of its breaking while the gold is melted, more trouble would be experienced in recovering the gold from the ashes than in one constructed for the purpose.—*Ed. Recorder.*

opened; it should remain in this way until the gold is perfectly fused, the coal may then be removed from over the crucible, and a bit of nitrate of potassa dropped in, in quantity equal to the size of a pea to every ounce of gold, and the crucible immediately covered with a plate of iron; more coal may then be placed over and around the crucible, and the gold kept in a fused state at a high temperature, until the scoria ceases to pass off, which it will do in the course of five or six minutes. The ingot mould having been previously warmed, may be placed in a convenient position for pouring, and filled about half full of lamp oil. The iron cover may now be thrown off quickly, the crucible seized with the tongs, and at the same instant another small bit of nitrate of potassa should be thrown into it, and the gold rapidly, but carefully, poured into the mould.

The ingot always cools first at the edges, and shrinks away from the middle; on that account the mould should be a little concave on the sides, so that the shrinking will not reduce the ingot thinner in the centre than at the edges.

Moulds of the best form will sometimes produce ingots of irregular thickness; such ingots should be brought to a uniform thickness under the hammer, using the common callipers as a gauge; if this be neglected, the plate will be found imperfect at those points where the ingot was thinnest. The plate should be annealed occasionally during the process of hammering and rolling, and should be reduced about one number in thickness each time it passes between the rolls. If any lead, tin, or zinc be mixed with the gold, the nitrate of potassa must be used in much larger quantities, and in that case, it is better to let the button cool in the bottom of the crucible; then break the crucible and melt it in a clean one for pouring, using borax and nitrate of potassa in very small quantities for the last melt.

In case the subject of assay be in the form of filings or dust, a magnet should be passed through it so as to remove every particle of iron, and then, instead of melting it with borax, it should be melted first with *carbonate of potassa*, and afterwards with nitrate of potassa, in quantities proportioned to the necessities of the case, as before directed; carbonate of potassa is the only flux that will bring all the small particles of metal into one mass; without it, a great portion of the gold will be found among the scoria, adhering to the sides of the crucible in the form of small globules. This process of refining answers equally as well for silver as gold.

Lead, tin, or zinc, alloyed with gold, destroys its malleability, and it is for the purpose of freeing these metals, principally, that the nitrate of potassa is used.* If the alloy contain copper, a portion of that

* Almost all dentists' filings will contain more or less tin and zinc from his patterns and castings, unless great care is taken in working them. It is these which often give the melter so much trouble in making his gold soft and malleable. It is a very good way to separate the filings from the clippings before melting. Place the filings in a crucible, and add, when melted, corrosive sublimate, in the proportion of six grains to the ounce of gold, and let it remain in a state of fusion, exposed to a strong heat, for twenty or thirty minutes. Let the gold cool in the bottom of the crucible, and then remelt it with the clippings in a clean crucible.—*Ed. Recorder.*

metal will also be carried away in the scoria, but silver remains untouched. The silver and remaining portion of copper, however, may be *parted* from the gold by another very simple process, which consists of dissolving these metals out of the alloy by nitric acid. To do this successfully, there are several rules to be observed, viz. first, the proportion of silver of the alloy should be three times the weight of the gold. Second, the copper should not exceed one-third the weight of the gold, and lastly, the strength of the acid should be such as to give it a specific gravity, of about 1.310; or in other words, a pint of acid should weigh at least twenty-one ounces. If the alloy contains less than twice as much silver as gold, the particles of gold will protect the silver and copper from the action of the acid; and if it contains too much copper, the parting will be found much more difficult.

My own experience teaches me, that it is better to separate all, or nearly all, of the copper from the alloy, by melting with nitrate of potassa, before any attempt be made to part the silver and gold by acid.

For separating, the alloy should be rolled into thin sheets and placed in a deep glass or earthen vessel, and two or three times its weight of nitric acid poured upon it; the whole may then be heated until ebullition takes place, and after boiling five minutes the acid should be carefully poured off, and new acid used for the same length of time; then the last acid may be poured with the first, and the gold washed with pure water. The silver of the alloy will now be found in the acid, and may be thrown down in its pure state, by plunging it into the solution plates of copper.

The silver powder may be collected, washed, and melted with a little carbonate of potassa, the gold may also be melted with the same flux, and both metals will be found to be in a perfectly pure state; the copper, if any there were in the alloy, is still held in the solution, and may be deposited in its turn by plates of zinc.

There is another beautiful method of refining gold by cupellation; but this requires close attention, and considerable experience, and on that account, is not much used for small assays.

The metals used in making solders should be refined separately before weighing, and then melted in a clean crucible with a little borax, and as soon as the metals are well fused, the crucible should be slightly shaken, and the alloy immediately poured into the mould. The ingot of solder should be hammered, rolled, and occasionally annealed with as much care as if it were a plate of gold.

Any attempt to refine solder would of course take away a portion of its copper, and consequently, destroy its proportion; on this account, it is better to use pure gold, pure silver, and copper selected from the Russian coin.

If, by accident, a quantity of solder has become impure, so as to be unfit for use, it should be weighed correctly and then melted with nitrate of potassa, and allowed to cool in the bottom of the crucible;

the crucible may then be broken and the button weighed the second time, and as much fine copper added as the solder is found to have lost by refining.

Zinc should never be used in making gold solders, for the reason that the better qualities of gold will melt at a comparatively low heat when brought in contact with solder containing zinc, thereby subjecting the artist to the most annoying accidents.

Potter's receipt for making solder, so often sold as a secret to dentists in the country, gives seventy-two parts of gold, five of zinc, and four of copper. This solder does not flow well, is liable to accidents when used on fine gold, and is much more expensive than solders that offer equal resistance to oxygen which are composed of gold, silver, and copper.

I have made and used several kinds of solder, and of course, have my favorite receipts, but I know of none that possesses the requisite qualities in a more eminent degree than those made from the receipt of Professor Harris.*

REMOVAL OF A LARGE SCIRRHOUS TESTICLE FROM

A MAN WHILE UNDER THE INFLUENCE OF NITROUS OXIDE GAS.

[From the Boston Medical and Surgical Journal.]

THE subject of the operation was a young man, 24 years of age. He had been afflicted with an enlargement of the testicle for about a year past. Within the last few weeks the disease progressed so rapidly that the lower portion of the gland and scrotum became gangrenous and sloughed. The case was highly unfavorable in every respect, yet believing extirpation to be the only means which could save the man's life, the operation was performed on the 17th of August, the protoxide of nitrogen having been previously administered by Dr. Wells, the discoverer. The patient commenced inhaling the gas at half past 1 o'clock, P. M., and after about one minute from this time the operation was commenced. At the first incision there was a slight manifestation of pain (the full effect of the gas not having yet been received,) but from this instant until the diseased mass was removed, and all the bloodvessels secured (there being quite a number which required ligatures,) there was not the slightest consciousness of pain on the part of the patient. We were satisfied that this was the fact during the operation, from the placid and happy expression of his countenance, from the entire absence of all muscular efforts, and from the natural and unexcited state of the pulse (this having remained without any apparent variation during the whole period.) The operation was necessarily tedious and protracted, on account of the great size of the gland, the extensive and firm adhesions of the integuments to the diseased structure, and the unnatural en-

* Principels and Practice of Dental Surgery, page 579.

largement of several arteries which required ligature. The whole period consumed, from the commencement of the operation until the vessels were secured, was not far from fifteen minutes. On questioning the patient afterwards, he asserted that he experienced a SLIGHTLY painful sensation at the commencement of the first incision, but from that time until the dressings were applied he was entirely unconscious of any pain!

After the operation, he expressed himself as feeling perfectly well, except some smarting in the wound; no pain or other unpleasant feeling in the head or any other part of the body; pulse regular and natural, as before the operation.

August 18th.—Since the operation, the patient has suffered no pain or other unpleasant symptoms. Pulse 82, and moderately firm. Expresses a strong affection for the gas-bag, and an earnest desire to retain it in his possession as the grand balm for the pains and troubles of this life.

The above case affords additional testimony (if this was required) that the nitrous oxide is capable of banishing sensibility in the most severe operations, and that, too, without exposing the patient to any of the untoward effects which result from the use of ether. The latter article exerts a more deleterious effect upon the nervous system than he former, as indicated by the pain in the head, lassitude, &c., which follow its use. Another still more important objection to the use of ether, arises from its injurious effect upon the blood. It has been found by experiment that the arterial blood becomes highly charged with carbon after the inhalation. The effect of this upon the system must be very injurious; for unless the due proportion of oxygen be retained in the arterial blood, diminished nervous force and vital energy, with other states which at least predispose to disease, must be induced.

The above objections will not hold good in relation to the nitrous oxide, as its constituents are the same as common air with an increased proportion of oxygen; while the ether bears no analogy to the air, and will therefore be more prone to give rise to injurious consequences. The effect of ether upon the circulatory vessels is in the first instance extremely violent, succeeded by an alarming state of depression in their action. The effect of the gas is much milder upon these vessels, and never need be carried to such an extent as to be followed by any depression.

When Dr. Wells made the great discovery, in 1844, that the inhalation of nitrous oxide gas would render the body entirely insensible to the pain of surgical operations, the question suggested itself to me, as well as some others, of this city, whether sulphuric ether might not answer as good a purpose as the gas. This subject was fully discussed at that time by a number of professional men here, and a trial made with the ether; but the general opinion was then formed, that the nitrous oxide was on many accounts preferable. Numerous trials

with both these substances, from that period to the present time, have demonstrated conclusively that this opinion was correct.

I am informed by Dr. J. M. Riggs, of this city, that he has used the gas constantly since Nov., 1844, and with uniform success. He has performed more than one hundred dental operations on patients while under its influence, and with more uniform success than has resulted from the use of the ether.

Dr. Wells has used the gas in only about fifty instances, on account of his relinquishing his professional business for a time. We are assured by both these gentlemen, that in no instance have they been troubled by muscular efforts on the part of their patients. Indeed, it may be asserted with safety, that so far as muscular action is concerned, it possesses a decided advantage over the ether. We are aware that it has been impudently asserted by certain interested persons, who have never given the protoxide a trial in an operation, that the patient will become "dancing mad," &c. &c. But facts prove this to be far from the truth. So far, then, the gas is preferable to the ether.

Another superiority which it possesses over the ether, is that its after-effects are far less unpleasant—less headache, less lassitude, and less depression of the nervous system, always resulting from its use. Ether generally causes troublesome choking and cough; the gas scarcely ever. Ether is objectionable on account of the unpleasant smell which it communicates to the room; the gas possesses no disagreeable odor. Ether abstracts largely from the oxygen of the arterial blood, thus becoming a direct source of disease; the gas has no such effect. Ether gives rise to pains in the head, lassitude, impaired vital energy, and other symptoms indicating serious depression of the nervous system; the gas rarely produces any of these effects, and if ever, only in a slight degree. In order to produce the full effect of the ether, it is customary to reduce the patient to a state of stupor; the gas is capable of rendering the body *entirely insensible to the pain of the most severe surgical operation, without putting the patient to sleep, or causing any stupor!* We have often observed patients watch the progress of severe operations upon their own persons, with countenances as smiling and happy as if they were enjoying a delightful treat.

We firmly believe that the gas would have long since entirely superseded the use of the ether, had it not been for the trouble attending its preparation. We trust, however, that in future this slight inconvenience will not prevent the surgeon, who has the welfare of his patient at heart, from making use of the agent so superior in its effects.

The State Legislature of Connecticut, which has just closed its session, has, after a due consideration of the evidences, fully recognized Dr. Horace Wells, of Hartford, as the sole discoverer, and have passed him a vote of thanks for this great discovery, which consists, as the vote expresses it, in the use of "*nitrous oxide gas or ether in surgical operations.*" Thus the question of priority is finally settled by legislative enactment.

E. E. MARCY, M. D.

Hartford, August 21, 1847.

RECORDS OF PRACTICE.

Under this head we intend to report all uncommon and interesting cases, whether communicated for the Recorder, or witnessed in our own practice; and we invite all the members of the profession, who take an interest in extending Dental Science, to report such as come under their own observation.

[COMMUNICATED.]

EXFOLIATION FROM TOO HARD PRESSURE OF PLATE.

CASE 1.—In the early part of 1845, I inserted a full upper set of teeth on the atmospheric pressure principle, the plate covering nearly the entire roof of the mouth; they fitted well, and were immediately comfortable and useful; at the expiration, however, of a few days, the centre of the roof of the mouth exhibited a small sore resembling the ordinary canker sore, (usually so called,) which I have treated always with success in my own mouth, and that of others, with dilute sulphuric acid, applied directly to the wound. Not having examined this closely, I applied the same remedy, but found no smarting (as is usual) to result. My patient was dismissed, with the advice not to wear the plate until her mouth was well. In a few days she returned, entirely well, and presented me with a small rough piece of bone, which she had taken from the wound, more than a quarter of an inch in breadth, which she supposed had been deposited there from her food. It came, however, from the centre of the roof of the mouth, but left no hollow, and I believe no scar.

I have now in my possession the bone, and will exhibit it to any one who is curious in such matters.

F. H. C.

[COMMUNICATED.]

UNNATURAL POSITION OF A TOOTH.

CASE 2.—In the spring of 1844, I was called upon to attend to the teeth of a young lady aged 19, and to insert several artificials upon gold mountings. At the time of extracting the fangs of three upper incisors, I discovered what I supposed to be the fang of the right eye tooth, which was very firmly fastened in its socket, and in consequence of its immovability, I postponed the extracting for several weeks, with the view of letting the alveolar absorb away round the fang, which would make the operation of removal less painful for my patient. Six weeks from that time I extracted the supposed fang, but to my great astonishment, the fang proved to be a full-grown eye tooth, of more than ordinary size and length. The tooth was perfect in form, except a few circular indentations in the enamel, and free from disease. This tooth attained its full size without passing through the gum, and only a small opening through the bone, and the better practice would have been, to have let the tooth remain in the jaw; and had I suspected the

true condition of it, I should not have disturbed it. The mother of the young lady was scrofulous, and her daughter had the appearance of partaking largely of her constitution.

J. S. WARE.

CURIOUS CASE OF ULCERATED TEETH.

CASE 3.—Mr. S. called to have a single superior lateral incisor put upon a plate; he had worn one in the same place for several years, and there had been a constant discharge from the gum beneath. On probing the opening I found what I thought to be the remains of the fang of the tooth which he had lost. I tried to persuade my patient to let me lay it open with a lancet, and extract it; but he was too incredulous to believe that any part of the root remained. I then introduced with a small pointed pair of tweezers, a piece of nitrate of silver, and allowed it to remain for several minutes, until it partially dissolved, and came away. This created a new action and increased the discharge, so that the next day the remains of the fang came away covered with small specks of tartar. Two years after on re-examining the part, I was surprised to find the place still open, and to learn that the discharge had been constantly kept up since the operation. On introducing a soft copper probe (for the want of a gold one at the time) I found that the discharge came from a dead bicusped, making a circuit around in front of the fang of the canine, which was sound and healthy.

I have since seen another case where the opening was at least one inch from the offending tooth, and a constant discharge through the alveolus where the root of a molar tooth had been extracted. Both of these cases are curious, and show the importance of a careful diagnosis in cases of this kind; lest the Dentist be deceived in the nature of the disease, and consequently unsuccessful in his operations for its cure.

A.

DRILLING A MOLAR TOOTH TO RELIEVE PAIN.

CASE 4.—In Nov. 1846, a lady called on me, and I filled for her a large molar tooth (front side), with gold. The decay had reached so near the nerve, that I did not dare to excavate the bottom of the cavity very thoroughly—tooth very tender, and the operation attended with some pain—had my suspicions that it might give her some trouble. Five months after the lady called again, with violent pain in the tooth, and requested me to extract it. I learned from her that it had always been tender to cold or hot drinks. On examining the tooth I found the filling so good that I recommended drilling into the cavity of the nerve first, and if that did not afford relief, either removing the filling and destroying the nerve, or extracting the tooth afterwards. She consented, and I passed a small drill immediately under the edge

of the gum, as recommended afterwards by Dr. Flagg, through the side of the tooth immediately into the cavity of the pulp. When it struck the nerve the pain was very acute. I applied a little kreosote, and in a few moments it subsided. Several months after I learned that the tooth had given no more trouble.

This was one of those doubtful cases in which the Dental Surgeon is at a loss how to proceed with his operation; whether to go on and thoroughly excavate the cavity, when he is almost sure that by so doing he will lay bare the pulp of the tooth, and consequently be obliged to extirpate it before the tooth can be filled, or extract it, or to give the patient the benefit of the doubt which exists in his mind—that the decay has not quite reached the nerve—excavate as little as possible without leaving soft matter near the pulp, and thoroughly fill the tooth, with the live nerve remaining. The latter has been recommended by Dr. Dwinelle, and has been my practice ever since I commenced operating upon the teeth, and has proved successful in hundreds of cases where the chances were greatly in favor of completely exposing the nerve, had all the decomposed bone been removed.

In these cases I found my prognostics upon the condition of the tooth. If it has never given the patient any pain or soreness in the jaw, has a lively, healthy color, is not unusually painful and tender on excavating it, and presents all the usual appearances of a tooth but slightly decayed, I do not hesitate to stop removing the caries, which has not been disturbed near the nerve, filling the cavity, taking care to pack the gold solid around the nerve; but avoiding hard pressure immediately over it, until some distance from it. On the other hand, if the tooth has ever been painful or sore, if affected more than the sound teeth, by a slight blow from the handle of an instrument, if it presents a blueish, livid hue, and if the decayed matter near the nerve is very soft and extends deep around the pulp, we may be tolerably sure that it is already inflamed and perhaps partially disorganized. The safest practice in these cases, is to extirpate the nerve at once, or, if the patient will not consent, destroy it by kreosote, or some other application, and afterwards fill the whole root as far as practicable. Although unsuccessful in the above case, I have treated many cases, apparently exactly like it, with perfect success.

AMBLER'S JOURNAL OF DENTAL OPERATIONS, the 2d volume of which is now in course of publication, is a very convenient memorandum of operations, and account book, combining both journal and ledger. With this Journal and Dewar's Dental Record, a Dentist may keep a minute account of every operation performed during the year, and be able at a minutes warning, not only to tell what number of fillings he has put in for a patient, but the very teeth on which he has operated, and the identical spot upon the tooth. We recommend them to each Dentist not only as a convenience to himself, but as the means of obtaining a vast amount of statistical information, as every page contains room for remarks upon each case.

NEW YORK DENTAL RECORDER.

OCTOBER 1, 1847.

TO THE PATRONS OF THE DENTAL RECORDER.

It is with much gratification and pleasure that I introduce you to my friend, Dr. ALLEN, who will in future occupy the editorial chair of the Dental Recorder. Dr. A. has been a faithful supporter and a large contributor of valuable matter for it—therefore he is well known to its numerous readers.

The Recorder is an independent Journal, acknowledging no party—but its pages open to the free debate of subjects connected with the science and art of Dental Surgery, and it will no doubt continue to receive a liberal patronage from the Dental Surgeons of the city of New York, its BIRTHPLACE. A Journal of this kind is very much wanted, and by the combined patronage of the Dentists, can be made useful and interesting. Dr. A. is fully competent to the task he has undertaken, and will acquit himself honorably in conducting the only Dental Journal in the great Metropolis of America. J. S. WARE.

TO THE DENTAL PROFESSION.

THE growing importance of the science of Dental Surgery in the estimation of the public, and the great increase in the number of practitioners throughout the whole country, compared with the very inadequate means which many students of the science enjoy, and the limited knowledge which hundreds engaged in its practice possess, seems to demand that the profession be supplied with such journals as will furnish its members with the improvements and inventions which are constantly being made, as well as all general information of a useful or entertaining nature which can be collected, upon the subject.

Until within a few years there has been little or no union among Dental Surgeons, and no united effort among the different members of the profession to collect and embody the principles of Dental Science, so as to form a Dental Literature for the mutual benefit of all. Each practitioner has had to rely upon the stock of information which he could obtain from his preceptor, often very scanty, and the improvements and inventions which his own ingenuity suggested in his subsequent practice.

Although much has been done by the different Societies of Surgeon Dentists which have been formed, as well as by the American Journal and Library of Dental Science and the Dental Intelligencer, there still remains a herculean task to be performed before an honorable and noble mind can say with any pride, among strangers, that he is a Dental Surgeon. We need more of the true ESPRIT DU CORPS, more love for our profession, and less for the dollars and cents.

Before the Dental Recorder was established, it was felt by many of our profession that a periodical was needed of a more practical character than had before been published ; one that would report interesting cases in Dental Surgery, give different modes of operating, that by comparison we might be able, if possible, to get at the best, publish interesting statistics, and be open to communications for any member of the profession to advocate any theory or practice which he believed to be good and true. To supply, in some measure, this desideratum, the Dental Recorder was started, and notwithstanding the opposition which it has encountered in some quarters, the neglect and suspicion which it has received in others, its success has been equal to the most sanguine anticipations of its friends and supporters.

We regret that its former editor has determined to relinquish the charge of the work, and with a degree of diffidence which we cannot express, we have yielded to the solicitations of its friends, with the promise of their advice and assistance, and consented to assume the duties and responsibilities of continuing it. It will be our aim to present to our subscribers, with the beginning of each month, a sheet worthy of their attentive perusal. It is the intention of the editor that it shall be an independent and fearless journal, open to all respectful communications, from whatever source, but closed to all offensive personalities, unjust criticisms, and gross perversions of truth, honesty, and fair play, and in the interest of no one clique, party, or individual.

The Dental Recorder will be open to all communications relating to the science of Dental Surgery, or any subject remotely connected with it, which is interesting to the profession ; and it is the earnest desire of the editor that all which are presented may be written, if they partake of a controversial character, in a fair, honest, and respectful style and manner. It will also contain notices of all new publications, with an analysis of their contents, and such extracts as will give the reader a correct idea of the character of the work. Interesting extracts will also be made from other periodicals, both medical and surgical, as well as dental. A portion of each number will also be devoted to reports of cases which occur in our own practice, and such as are communicated from other dentists. This we hope to make the most instructive portion of our work. Many operations come under our notice from day to day which are examples worthy of imitation. These we shall briefly describe, that our readers may have the benefit of them as well as ourself. There are others, also, which are objectionable, the faults of which will be pointed out, that others may avoid them. It often happens that when an operation fails, the patient loses his confidence (often very justly) in his dentist, and instead of returning to him, goes to another, so that the one who performed it never has an opportunity to know whether it failed or not. These we shall describe, of course without the name of the dentists who performed them, with such general and critical remarks as are suggested to our mind by examining them.

Our city now numbers over a hundred and twenty dentists who are permanently located here, and who, if they would report the interesting cases of good and bad practice which come under their observation, would make this portion of our work very interesting and instructive. With the hope that these, as well as others throughout the country, may take an interest in the success of the Recorder, we commit it to the care of the profession.

SMITH'S IMPROVED BLOWPIPE.

To use the common mouth blow-pipe successfully, requires considerable practice, and a strong, healthy pair of lungs. It is necessary to apply to the piece to be soldered a constant heat, which can only be done by acquiring the tact of inspiring air through the nostrils, while the cheeks are inflated with a sufficient quantity to keep up the blast during the act of inspiration. Besides this, it is necessary to expire through the nostrils as well as inspire, for the reason that the aperture of the blow-pipe is not of sufficient capacity to pass off the quantity of air expired from the lungs, as frequently as the natural function of respiration requires it to be renewed. In a state of health an adult respires about eighteen times in a minute; but he could not breathe through a common blow-pipe one half this number of times. The respiration, therefore, has to be going on all the time through the nostrils, while a constant blast through the blow-pipe is kept up from the reservoir in the mouth, or the operator will soon experience a sense of suffocation. When a large piece of work is to be soldered, requiring from one quarter to one half hour's constant blowing, there is also experienced a painful sense from the constant distention of the cheeks, the muscles of which become very much fatigued. To obviate these difficulties Dr. H. Smith, of Hudson, has constructed a blow-pipe with a small round bellows attached to one side of it, about five inches in diameter, with a spiral spring so constructed within it as to close the bellows and expel the air with about the same power which the lungs would exercise. The large end of the blow-pipe is closed with a plug, having a valve opening inwards, to prevent the air from rushing back into the mouth from the force of the bellows. This improvement may answer a good purpose for those mechanical Dentists who experience difficulty in the use of the common mouth blow-pipe.

A few of them are for sale at the store of Messrs. Jones, White & Co., No. 263, Broadway.

NITROUS OXIDE AS A PREVENTATIVE OF PAIN.

There has been quite a spirited controversy going on between the physicians and dentists of Boston and Hartford as to who is the real discoverer, and entitled to the credit of preventing pain in surgical and dental operations. The Boston writers are divided, some contending that Dr. Johnson is the man, and others contending for the claims of Morton; while Dr. Ellsworth, of Hartford, asserts that, like the Kil-

kenny cats, they have demolished themselves, so that nothing is left of them but their TALES.

He asserts that all the credit is due to Dr. Wells, who as long ago as 1844, two years previous to Morton's success with ether, succeeded in extracting several teeth without any consciousness of pain in the patient, by the administration of nitrous oxide gas. Of course, this fact being once discovered, and the effects of ether being known to be analogous to that of the gas, it was perfectly natural for Morton or any other person to try it. These are the views of Dr. Ellsworth, which we will not now stop to examine.

In the present number of the Recorder we give an account of a successful painless operation performed by Dr. E. Marcy, of Hartford, who, we understand, is also an advocate for Dr. Wells' claim to the discovery.

As this is an exceedingly interesting subject at the present time, and as many of our readers may be inclined to try the nitrous oxide, we give the following as the best manner of procuring this gas. The most convenient method of preparation is by decomposing dry nitrate of ammonia by heat. A common glass retort one quarter full of this salt, solid, and as dry as possible, should be placed over an argand or common alcoholic lamp, or over a small charcoal fire, and gently heated.

When the temperature rises to about 400° F., the melted materials begin to boil gently, and emit a whitish vapor; the gas is then evolved rapidly, and may be collected over water, or received directly into a bladder supplied with a stop-cock, the atmospheric air being first thoroughly expelled.

The usual way of administering it is to hold the nose of the patient, and let him respire from and into the bag; and the usual dose is from 4 to 6 or 8 quarts of the gas. As disagreeable consequences sometimes arise from its administration, we insert the following from Prof. Silliman, of Yale College.

"The effects are not always agreeable. Some persons are not excited, but are rather depressed, and also fatigued, by the constrained mode of breathing. Some become faint, and fall as in a fit or swoon; but they in general soon recover, as if from a troubled dream or a turn of nightmare; some are rendered apparently apoplectic, and others are thrown into a temporary, but often violent delirium, and in such cases the subsiding feelings are disagreeable. There is good ground for caution, and it would now be proper that the practice of breathing the nitrous oxide should be discontinued, except for medical purposes."

"Among multitudes to whom I have administered this gas, about six out of eight have been agreeably affected; but there has been very great variety in the appearances, influenced, in most cases, apparently, by the physical and moral temperament of the subject. I have seen not a few cases attended by symptoms so violent and alarming, that I have been very glad when they have subsided. I have personally known no instance of fatal effects, either immediate or remote; but some have

thought themselves injured for a considerable period, and it has always been a subject of anxiety, lest some idiosyncrasy should produce an unhappy termination."

There are certain constitutions and temperaments to which we should be exceedingly unwilling to administer either the ether or the gas. Persons of a full habit and sanguine temperament, with a natural determination of blood to the brain, are often very disagreeably affected by it. We have seen some alarming cases of this kind. Where there is a plethoric condition of the body, with short neck, and other indications of apoplexy, we should consider it hazardous to give either. Females far advanced in pregnancy, and persons laboring under either acute or chronic disease of the lungs, or any of the vital organs, or functional derangement of the heart and arteries, might be dangerously affected by it. To such we would not recommend its use; but to persons in health, and possessing none of the above peculiarities, we should not hesitate to administer it, although we have always thought that the extraction of a single tooth, under ordinary circumstances, was not a surgical operation of sufficient magnitude to warrant the trouble and inconvenience of administering even a glass of brandy and water.

THE AMALGAM CONTROVERSY.

THE discussion relative to the propriety of using amalgam for filling teeth, which had its origin in the supposed cause of the death of a gentleman in Massachusetts, continues to drag its slow length along, through the advertising columns of our city papers. We are as fond as any one of a racy, argumentative controversy, which is calculated to elicit new truths, or throw new light upon any subject connected with our profession; but when, like the present dispute, upon the merits of amalgam, it becomes, in the very commencement, more personal than professional, where men already established seek to make themselves more conspicuous by depreciating the merits of others, and those who are younger in the profession strive to promote their own elevation by detracting, in turn, from the well-earned reputation of their seniors, we consider it only as a new system of advertising, which is disreputable to all concerned, and only tends to bring the Dental Art into disgrace and ridicule with the public. As a general rule, we may say that no professional controversy should be carried on in the newspapers which is not of sufficient interest to the reading public to induce the editors to admit it into their columns without fee or bribe. Advertising can never prove any thing; for, besides the fact that editors, in these days, feel at liberty to admit falsehood as well as truth, (witness the advertisements in most of our daily papers,) the man who has the longest purse will in the end gain the advantage, by publishing in those papers which have the largest circulation, regardless of the shilling a line which it costs him, and always having the last word.

Since the announcement of the death of Mr. Ames, there has been nothing published to show that he was "killed by bad dentistry,"

except a letter from himself, dated in Paris, Oct. 10, 1840, about seven years previous to his decease, in which he states that the physicians then attending him said he was thoroughly salivated, and without doubt from the cement in his teeth. Admitting this to be true, is there sufficient evidence that this simple salivation caused his death near seven years afterwards? for we can see no other cause arising from the effects of amalgam, as it was immediately removed from his teeth. In opposition to this, we have the opinion of Drs. Bemis and Flint, the one his attending and the other consulting physician for some time after his return, that the amalgam had no agency in causing his disease. This is all that we have been able to sift from the mass of chaff and dust which has been blown about our eyes and ears for the last three months. The opinions and assertions on the one side are balanced, in the absence of facts and arguments, by those of the other.

We hoped when the contest was confined to Drs. Parmly and Baker, two able champions, that something would be elicited which would throw light upon the question of the fitness or unfitness of amalgam for filling teeth; a question which has divided the Dentists for a long time. At one time there was a prospect that the merits of the article would be fairly canvassed. Dr. Parmly put certain questions to Dr. Baker upon the properties and effects of the article when used for filling teeth, under various circumstances; and he soon answered them fairly and unequivocally, giving the result of his experience in the article for the last ten years. Those answers Dr. P. has never noticed, as we expected he would do at the time, probably because Dr. B. saw fit to connect with them certain irrelevant matter, which was displeasing and disrespectful personally to Dr. Parmly.

These questions and answers have all been published in the Recorder, and should any thing more appear worthy to be transcribed into its pages, it will be done.

There is no subject connected with Dental Surgery of such absorbing interest at the present time as that of amalgam for filling teeth. There are many Dentists whose minds are not made up upon this subject, and who use it, if at all, with fear and trembling, knowing that a certain class who believe it injurious to the teeth and general health, are using all their influence, not only against the practice, but also against the men, declaring that they have no confidence in any person *who will use it*, saying that it is better than gold. Why do they not except those who use it, and admit its inferiority to gold?

We never heard of any Dentist who said it was better than gold, *where he supposed he could preserve a tooth for any length of time with gold*, with the exception of the Craucows and Molans. Only in cases where *they* cannot use gold successfully do they recommend amalgam as better than gold. Now it is the misfortune that many professing Dentists, who are not skilled in the use of gold or tin, and consider cases too difficult to be attempted with either, which others find no difficulty in filling successfully with gold,

use the amalgam to a great extent, ruining the appearance of the teeth, and bringing themselves and the practice into disrepute.

Many others, seeing the great abuse of the article by this very class of Dentists, feel that inasmuch as so little good and so much harm may be done with it, it is expedient to discountenance its use altogether. Such, if we understand him right, is Dr. Flagg's opinion.

The great question, however, to be settled is, whether it will produce the specific effects of mercury upon the constitution, and if so, in what proportion of cases. Until the Dentists and physicians have settled this point, there is certainly some risk in using the material; and although it may not be very great, yet there are few, we think, who would knowingly subject their patients to even a slight chance of salivation to save a doubtful tooth, or put a few dollars in their pockets. The Recorder will be open to, and solicits any communications which throw any light upon this subject, or any other connected with our profession.

DENTAL DEPOTS.

NOTHING shows plainer the great increase in the public demand for operations upon the teeth, than the number of furnishing stores which have sprung up in our large cities within the last few years. Ten years since there was not such a thing known, and only two or three places where a miserable assortment of teeth could be found. We were frequently obliged to spend more time in running about the city to find teeth of a certain color, or form, than was required to fit them to the mouths of our patients, and after all our trouble, were often compelled to insert those which were wholly unfit, so miserable was the assortment to select from. If we wished the most ordinary kind of instrument, we then had to make a pattern and wait for it to be made, and so of almost every article used in the practice of Surgical or Mechanical Dentistry. Now we have some ten or twelve extensive establishments where almost all the materials needed by the Dentist, from the wax used in taking the first impression for artificial teeth, to the rouge for polishing the plates when finished, can be found on sale.

Extensive assortments of artificial teeth can be found at the old-established stands of Messrs. Stockton & Co., Alcock, and Jones, White & Co., and also at those of more recent date, of Mr. Murphy and Mr. Buskey, whose names will be found by referring to our advertising sheet. In the stores of Chevalier and Goulding the eye is dazzled by the bright and shining rows of all the dental instruments now in common use, while they, with Mr. Morson, who has been long and favorably known in New York, are ever ready to manufacture, to order, any new and peculiar pattern that may be required, at the shortest notice, and in a manner not to be surpassed in any part of the world. Our cutlers and our manufacturers of incorruptible teeth have frequent orders from London and Paris, and various other cities on the Continent of Europe.

Our old friend Kearsing is at his long-established stand in Reade street, doing all he can to suppress the use of amalgam, by supplying the profession with most excellent gold and staniel foil.

Mr. Cottier, also, and a half a score of others, are making it in large quantities, for supplying the retailers throughout the country. To the Dentists in the South and West we would say, that there is no place in the country where they will find a more extensive assortment of stock and instruments required in their practice, than in New York, nor a more clever and gentlemanly set of men to deal with.

OUR SECOND VOLUME.—The present number commences the second volume of the New York Dental Recorder, and should have made its appearance on the first of September; but owing to various delays and disappointments, beyond our control, it became so late in the month before it could be printed, that it was thought best to begin the volume on the first of October.

In compliance with the wishes of many of our subscribers, we have enlarged the work to double the size of last year, and improved the appearance by the addition of a neat colored cover. In consequence of these changes, we are obliged to raise the price to Two Dollars per annum, which, considering the limited circulation that a work of this kind must necessarily have, is as low as it can possibly be published.

The Dental Recorder will make its appearance on the first of every month, and that all the members of our profession may see a specimen of the work and have an opportunity of subscribing, the present number will be sent to every Dentist whose address we have been able to obtain, throughout the country. Should it meet with their approbation, we shall be thankful for their patronage. No effort shall be wanting on our part to make it interesting and instructive to its readers.

To avoid the trouble and vexation of collecting, we have determined to conduct it on the cash principle, and shall not, therefore, forward the second number until we receive the amount of subscription. Dentists who are forwarding orders to Messrs. Jones, White & Co., James Alcock, J. D. Chevalier, or Joseph T. Murphy, may enclose the amount of their subscriptions to either of the above-named gentlemen, who are authorized to receive it for the work. All communications to the Editor must be post paid.

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF

SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol. II.

NOVEMBER 1, 1847.

No. 2.

ON THE MANUFACTURE OF MINERAL TEETH.

It is now about ten years since any improvement of consequence has been made in the quality of this indispensable article, by those who have manufactured them for sale to the profession. It is true that a few dentists have succeeded in producing some most admirable imitations of the natural organs for their private practice, but a very small advance has been made by those who supply the Dentists. From the year eighteen thirty five to thirty eight, Messrs. Stockton and Alcock, made rapid advancement towards perfection, but since that time the object seems to have been more the reduction of price than the improvement of quality; this may have been for their interest, but I cannot think so.

We ought to have a good assortment of molar teeth made of the strongest material possible, even at the sacrifice of color. As they are usually made, they cannot be depended upon for mastication (unless made very large,) and are much inferior to the old manufacture in strength. Molar teeth for the upper jaw should be of different shape for opposite sides of the mouth. There should likewise be some improved means of fastening them to the plate. I have in my possession some old French teeth, which have fastenings different from what I had seen before, and which seem to me fully as strong, if not stronger than ours, and are entirely concealed from view. I had great difficulty in removing them from the plate, which I had bought for old gold, and did not succeed in a single instance without crushing the tooth, which owing to its great strength was not easily done.

I have been for some years in hopes that our enterprising manufacturers would discover a method of coloring the front teeth in the body instead of the enamel. I am aware that I shall be answered that European manufacturers have already done so, but their teeth are, notwithstanding, inferior to ours. In some respects, this is true but not in all. The appearance of Mr. Ash's London teeth is admirable, but they are more brittle even than ours. The glassy surface of the American teeth, is a serious objection to their natural appearance, but can be easily obviated (in some,) by rubbing their surface with emery, but this in many cases changes their color. All these objections to

the mineral teeth manufactured in this country, can, and *will soon* be obviated by some manufacturer more enterprising than the rest, if the Dentists will do their duty.

F. H. C.

The above suggestions are, most of them, good and true, and we commend them to the attention of the manufacturers of mineral teeth; but on this subject, as on many others, it is much easier, we imagine, to find fault and suggest improvements than to carry out those suggestions in practice. There are many difficulties in the way of making perfect imitations of any of the works of nature, and in none greater than in imitating the natural teeth. The two principal materials which enter into the composition of mineral or porcelain teeth, if we rightly understand the matter, are Spar and Clay, or Kaolin, and which may be said to produce contradictory effects in the teeth, the former giving translucency and a peculiar vital appearance, and the latter strength and opacity. If the Spar preponderates, we have a clear translucent tooth, but too frail for the purposes of mastication; if the Clay, we secure a greater amount of strength but sacrifice beauty.

Now as the front teeth are the ones most exposed when mounted, and in the mouth, and at the same time less used for mastication, it is all important that they should be as perfect an imitation of nature, as is possible to make, even at the sacrifice of a part of the strength, while the molares and bicuspidés, being less exposed and having most of the work to perform, should be made as strong as possible at the expense of beauty. If this plan could be pursued, and not have the difference so great that the work would look bad when the two kinds were mounted together; an advantage might be gained over the present way of making them all alike; at the same time, the wires in the double plate teeth should be increased to double the size of those now used, and inserted as deep as possible into the body of the tooth.

EDITOR RECORDER.

WESTCOOT ON DWINELLE.

It will be recollected by the readers of the Recorder, that in a former number there was re-published an article, purporting to have been read before the American Society of Dental Surgeons, by W. H. Dwinelle, upon the preparation of a cavity in a tooth preparatory to filling, with some queries upon the propriety of the practice there recommended, and strictures upon the Society for allowing members to depart in some cases, from what is generally received as correct practice, and not permitting them to do so in others; in other words allowing them to think for themselves on some subjects, and denying them that privilege on others.

Dr. Dwinelle recommends where a tooth is decayed to the dental pulp, that the Dentist stop excavating when he comes near the nerve and proceed to fill the tooth, 'taking care however, especially if the parts are much softened immediately over the nerve, to skilfully build an arch over that point so as to enable it to resist the severe pressure of

filling, finishing, &c.” He further says, “Here, then, we have *actual decay* sealed up within the centre of the tooth, and that too, in immediate contact with the nerve!” He relates a case where a tooth of his own was treated in this way by Dr. Westcoot nearly three years before, from which he had never experienced the least inconvenience.

As this subject of filling teeth without destroying the nerve, when it is actually reached by the caries, has occupied the attention of many Dentists of late, and is of great importance to the profession, we copy the remarks of Dr. Westcoot, in the March number of the American Journal of Dental Surgery.—EDITOR RECORDER.

CORRECTION.—The American Society appoint several members, from year to year, to prepare essays to be read at the next annual meeting, and these papers, whether they are read or not, have generally been published *as read* before the Society. In the 1st number of vol. 7, “A Dissertation on the Preparation of a Cavity in a Tooth, Preparatory to Plugging,” by W. H. Dwinelle, is published as having been read before the Society. This paper was not *read*, and of course did not come before the Society or its members till after it was published.

Our name having been connected with a peculiar practice advocated by the author, we have many times, since its appearance in the Journal, been asked whether the practice spoken of by Dr. D., was our practice under similar circumstances, or whether we would remove all soft bone, if by so doing we should probably expose the nerve of the tooth. There is evidently some misunderstanding upon this subject. If Dr. D. means, by his description, bone which is actually *decomposed*, as constituting the only covering of the nerve, I most unhesitatingly demur to his position, either in regard to its admissibility, or to being made authority in his, or in any other case, for such a practice.

A tooth, as all are aware, is made up of earth and animal matter. The earthy portion, which is mainly lime, may be wholly dissolved and removed by an acid, and still the tooth retain its form entire, while it is kept moist.

In excavating a cavity, if we leave a portion lying in immediate contact with the nerve, which has been deprived of its lime by the action of an acid, it is *not* in a condition to retain its form, after the moisture is excluded by a plug, and, although decay, strictly speaking, would not probably go on, yet there would undoubtedly be a contraction of this *cartilaginous portion* of the bone, incompatible with the safety of the tooth.

The effect would be like drying a piece of cartilage under any other circumstances—in other words, it would not occupy the space it did before.* Now, if this should happen in immediate contact with the

* We do not think that any shrinkage could take place in the decomposed bone remaining in a tooth after it was filled, so as to exclude the fluids from the mouth. Every part of a tooth while it remains in situ, is permeated by the natural moisture of the tooth. Whether a tooth is dead or alive, so long as it remains in the mouth, it is moist

nerve, it would, undoubtedly, give rise to trouble. If it did not reach the nerve, it could, and of course should, be removed. We are now speaking of bone which is actually decomposed. But the bone of a tooth may become *discolored*, while not the slightest *decomposition* has taken place; and should this discoloration, *without decomposition*, be present, and extend even to the nerve, we should have no hesitation in filling the tooth without removing it, in case it could not be removed without exposing the nerve. This discolored portion is frequently *as hard* as any other portion of the tooth.

We filled a tooth not a week since, where the bone had been *stained* by an amalgam plug, and this discoloration extended far beyond the *decay*, and it would have been impossible to remove the entire *discoloration* without endangering the nerve, yet we had no hesitation in filling it. In this case there was no chance for alteration of structure in any portion which was left—certainly no chance for farther decay or decomposition of the tooth. As we do not care to have our views mistaken in regard to the operation of plugging teeth, we will state that we regard the three following items actually essential to every perfect filling:

1st. That every particle of *decomposed bone* should be removed, and especially if it is in the immediate vicinity of the nerve.

2d. That foil should always be put in perfectly dry, and free from dust or any extraneous matter.

3d. That the plug should be perfectly solidified in every part, and of course entirely impermeable to fluids.

How much others may differ from us we cannot say, but we are willing this should stand as our recorded and unvarying opinion. We may, and probably shall, in a subsequent number of the Journal, give our reasons at length for entertaining these views.

OBSERVATIONS

Upon the Importance and Value of a Knowledge of the Collateral Branches of Medicine and Surgery, in connection with Dentistry. BY JAMES ROBINSON, D. D. S., London.

To prove the importance and value of a general knowledge of medicine and surgery to the dental practitioner, we have only to refer to those cases, and they are by no means of unfrequent occurrence, in which an affection of the dental organs arises from, and is dependant on some gastric or constitutional irritation or derangement; for, although some diseases of the teeth are strictly idiopathic, arising in and being confined to, those organs, there are others, obscure in their origin, intricate in their symptoms, and whose character, at different periods, is varied and uncertain.

The first description of these cases may, it is true, be successfully and shrinks, and cracks when removed and suffered to dry. Hence the necessity of preserving natural incisors in some fluid, if we wish to re-insert them. Besides if the remaining portion of caries should shrink, it would be less likely to press upon and irritate the nerve, than if it retained its original form and size.

managed without any great amount of physiological or pathological knowledge ; but in the second, the case is different, and unless the practitioner possess a general acquaintance, not only with these branches of science, but with medicine and surgery, he will be unable to combat the disease himself, and equally incompetent to decide when it may be necessary to call in the aid of a professor of medicine and surgery, to assist in its management.

To illustrate these opinions, we have only to name odontalgia, for instance, independent of its accession as an idiopathic disease, which is by no means confined to local causes, but frequently resulting from a disordered state of the digestive organs, at others, from constitutional irritation, and, occasionally, as an accompaniment, if not a symptom, of pregnancy ; while again, in some of the more complicated dental affections, it occasionally occurs, that cause and effect are so intimately blended by their action and reaction on each other, that an extensive knowledge of general physiology and pathology, combined with a discriminating judgment, are essential to a correct diagnosis, and no inconsiderable amount of medical and surgical knowledge is necessary to their treatment.

The frequent occurrence of these cases in practice, must be more than sufficient to convince the most sceptical that the dentist should adopt an extensive range of study ; that a *general* knowledge of every branch of science that can have relation to any one of these cases, is essential to the accomplished dental practitioner, and that no person, however talented he may be in every other respect, can be said to be properly educated, the superstructure of whose knowledge has not been based upon an acquaintance with physiology and anatomy.

How is it possible that the dentist should be prepared to know the mal-position of parts, unless he be acquainted with their natural ones ; how can he ascertain their morbid, and in some cases complicated action, unless he has a knowledge of their normal duties, and the laws by which they are governed ? How can he combat disease, when he is ignorant of, and incompetent to investigate its cause ?

It may be conceded, that in simple idiopathic diseases of the teeth, only a small amount of physiological and surgical knowledge is absolutely necessary ; but even in these, the practice of the educated and scientific dentist will be the most decisive, satisfactory and beneficial.

Anatomy teaches the structure and position of the different parts of the body ; physiology, their uses and employment. Now, while it might be assumed, *prima facie*, that it would be of no advantage to the practitioner, whose duties, strictly speaking, are confined to the head and face, to study all the various complications of general anatomy ; while it may be thought that the structure of the foot or the mechanism of the wrist have little to do with diseases of the teeth and mouth, we find such, however, is not the case, and we fearlessly assert that it is impossible to perfectly understand the one, without a general acquaintance with the other.

The importance of anatomy to the surgeon, is admitted by all ;

what would be thought of that man, who, because he did not intend to practise as a dentist or oculist, omitted the mouth and the eye from the range of his studies; and yet, too frequently, a similar plan is adopted by the dentist, who confines his studies *entirely* to the teeth. The science of anatomy must be studied as a whole; neither is or can there be a line of demarcation at which the anatomy of the dentist terminates. The nerves and blood-vessels that supply the teeth and mouth are derived originally from the same source, subject to the same laws, and have the same intercommunications and sympathies as those that supply the other parts of the body, and these can only be properly understood by a general knowledge of the whole.

The anatomy of the head and face must unquestionably form the leading and paramount study of the dentist, as it is to these parts his professional duties are more particularly addressed, and which are composed of a variety of bones minutely supplied with nerves and blood-vessels, and possessing some of the most intricate muscular arrangements in the body. The parts afford an interesting field for study and observation, but the studies of the dentist must not end here, for such is the sympathetic communication between these parts and the rest of the body, that cases of odontalgia frequently occur from the application of cold to the lower, or some specific irritation of the upper extremities, cases in which relief is not to be obtained by operating directly on the parts affected, but by general or constitutional treatment. We know, also, that in these and similar cases, tooth after tooth has been extracted in the abortive attempt to afford relief, while from the want of general knowledge on the part of the practitioner, the real cause of the disease and legitimate means of cure have been completely overlooked.

Again, there are other cases in which a knowledge of general anatomy becomes more decidedly evident, in which disease of the teeth may be traced to some functional derangement, and in which, unless the practitioner has an acquaintance with general physiology, he must be perfectly helpless.

Nor must we forget that while the morbid state of other parts may give rise to diseases of the teeth—diseases of these organs have a reciprocal action producing affections of the eye, the ear, and the stomach, the rationale of which may be traced by a knowledge of the intercommunication of the nerves of the respective parts, but must be inexplicable to those unacquainted with their structure.

Aware of their parts, how ridiculous would a dental practitioner appear, in replying to a series of questions relative to the above subject, if he were to say, "Oh my knowledge is confined only to the *teeth*, the nerves of which possibly may communicate with those of other parts, but of the nature and extent of their communication I am ignorant;" and yet were some practitioners to exercise as much candor as they do quackery, such a confession would be of no unfrequent occurrence.

As then it is impossible to define where the line of demarcation terminates, or how far, or in what case an extensive knowledge of anatomy may come into request to the advantage of the patient, and the reputation of the practitioner—the dentist who proposes to practice, scientifically, should not be content with a mediocre knowledge of the subject, but study anatomy, physiology and pathology as the ground work of his profession. Keeping in mind that it is impossible to separate these studies into parts, as reasonably might a person expect to understand the geographical position of England, while ignorant of the relative position of other countries, as a dentist to make any advantageous use of an isolated portion of anatomy and physiology. These studies, then, must be considered as a whole and in connection with each other, and inseparable, and as such constitute the foundation on which the particular professional superstructure must henceforth be built.

For, however accurate our acquaintance with the parts of which the human body is composed, it would be of comparatively little value if unaccompanied by a knowledge of their uses and employments; so that anatomy may be considered as the handmaid of physiology which gives this information, whilst physiology may be described as teaching the uses of the different parts of the human body in their normal state.

It is asserted by some, of not very liberal or comprehensive minds, that a knowledge of general anatomy and physiology is unnecessary to the dental practitioner. We would ask, do not the teeth form a part of the animal economy; are they not like other parts formed from the general system; are they not supplied with blood-vessels and nerves from the same general sources; are they not acted upon by constitutional weakness or derangement, impaired by the influences of general ill health, and in some instances destroyed by the effects of general disease? A course of mercury carried beyond a certain extent, loosens and destroys the teeth, though it does not come into absolute contact with them, but is carried into the system by means of the absorbent glands; some putrid diseases act in the same manner by vitiating the fluids of the mouth; indeed, most complaints, it is well known, have more or less influence on these organs. How is the first process of their formation, their shedding and reproduction, to be understood excepting by the aid of physiology? Did the teeth form an isolated portion of the human economy, were they not dependent on the great reservoir for their supply of blood, were their nerves not derived from the same universal source as those of other parts of the body, one might require the duty of the dentist to begin and end with the teeth; but while, on the contrary, they are subject to the same general influences of health and disease, dental surgery imperatively demands an intimate acquaintance with those general laws by which the animal economy is regulated.

The natural step from physiology, or the normal duties of the different parts, is to pathology, which treats of their diseased actions and

changes, and as it is impossible to understand the latter, without an acquaintance with the former, so would that be of little avail unless supported by its fellow science, for how could we possibly distinguish the morbid action of parts, if we are unacquainted with their healthy duties. How separate sympathetic, or idiopathic complaints, from organic or structural disease, unless by an intimate acquaintance with the symptoms and appearances that mark the influence.

Thus, then, while by the aid of anatomical knowledge, we at once ascertain any mal-position of parts, while pathology points out the changes and ravages caused by disease, still, unless a knowledge of physiology be combined so as to understand not only the natural functions and duties of the different parts, but the various processes by which they are originally found and by which nature assists in refusing any derangement from their normal state, the dentist will practice in the dark, his means of diagnosis and of cure will be equally limited and unscientific, instead of being able to assist nature and take advantage of her efforts, he will be in constant danger of contravening them, the most simple cases may be converted into serious ones, and the results of his practice will be as unsatisfactory as the practice itself is deficient in reason and science.

It might be thought, *a priori*, that a knowledge of those parts to which the practice of a dentist is restricted, is all that is necessary, and were these parts free from constitutional influence, were they independent of the other parts of the body, such might be the case, but the reverse of this is the fact, the formation of a tooth or the reproduction of any of the soft parts of the mouth requires the whole machinery of the human economy.

It is true that the medical and, strictly speaking, surgical knowledge of the dentist may not be frequently required, that he may not in many cases be called upon to exercise a general plan of treatment, as custom transfers the cases in which this is required (at least so far as the general treatment and the more formidable operations on the jaws are concerned) to the physician and operating surgeon, still, however, he must possess a certain amount of general knowledge and information, or he will be unable to distinguish the cases that legitimately come under his care, from those in which it is customary to call in the aid of a practitioner of medicine or surgery.

We commend the above article, by Dr. Robinson, author of a valuable practical work on surgical and mechanical Dentistry, to the attention of all students and young dental practitioners. It is a common thing for those who have never paid much attention to the study of medicine, to depreciate its value to Dentists; but such persons are not competent to judge of the advantage derived from it. Only those who possess it know its value, and the satisfaction which the practicing Dentist derives from possessing it.—ED. REC.

RECORDS OF PRACTICE.

To the Editor of the Dental Recorder.

CASE 5th.—At a recent interview with several of my professional brethren in New York, they were pleased to request for publication, a statement of facts in reference to the durability of an amalgam filling, which was inserted in one of my teeth some years since. While I would by no means engage in any controversy, or say ought to encourage the *indiscriminate* use of silver amalgam in the filling of carious teeth, I do not feel at liberty to withhold any facts which may be deemed to shed even a ray of light on the propriety or impropriety of its use.

Some twenty years since, I was under the necessity of procuring the extraction of the first lower molar tooth, on the right side. This exposed to view a large carious patch on the anterior side of the adjoining molar tooth, which was found to be very sensitive, and the touch of an instrument to any part of the diseased surface could hardly be endured. It was cleansed however, as well as its condition would permit, and filled first with gold, and subsequently with tin foil. Its decay was but partially arrested; and in course of four or five years it had become so annoying that I again visited a professional friend with a view to its extraction. At this time, the cavity already mentioned, had considerably enlarged, the outer surface of the tooth next the cheek, was also much decayed, and a small cavity was found in the centre of its grinding surface. The nervous pulp was not exposed, but every part of the diseased surface was sensitive to the touch of an instrument, and for some time the contact of any thing sweet had produced exquisite pain. In this condition it was found impossible so to excavate the cavities as to render the filling with either gold or tin foil at all practicable. Instead, however, of extracting the tooth, my friend suggested the propriety of experimenting with the silver amalgam. Although I had never used it in my own practice, and was much prejudiced against the article; I consented to do so. The three cavities were as well cleansed as their sensitive condition would permit, and then filled with the cement prepared from the filings of silver coin and mercury, from which care was taken to expel all the minute air bubbles and the superfluous mercury removed by pressure. No pain was produced at the time, nor did any follow the operation. I experienced no further inconvenience from the contact of sweet substances, and the tooth has remained in the same condition to the present time. The fillings have become blackened upon the surface, and the tooth at some points partially discolored. Nothing like the constitutional effects of Mercury has been experienced at any time, and now, after the lapse, as near as I can recollect, of about fifteen years, the tooth bids fair to do as good service as other teeth which were filled with gold at the same time.

In deciding the utility of improvements in practical dentistry, as well as in any of the arts or sciences, I regard the collection of *facts*

as of much more importance to the profession, than the collection of *opinions*. From one we are enabled to deduct legitimate conclusions, while from the other, we must necessarily feel uncertain how far they have been influenced by self interest, prejudice, or preconceived opinions. H.

New York, Oct. 17th 1847.

[COMMUNICATED.]

ADMINISTRATION OF ETHER.

CASE 6th.—Doct. G., Dentist, from the interior of the state, called on me for the purpose of having *thirteen teeth* extracted. The gums had been diseased for a long time, and an abruption of the alveoli gradually going on until the six front teeth in the upper jaw had fallen and projected so much as to disfigure the mouth, and cause quite an impediment to his articulation. The lower ones also, in front, were quite loose, and one had been removed. After inhaling the ether from the glass globe about one minute, I commenced removing the upper teeth first, and took them out as fast as possible, one after the other, without any apparent sensation on the part of the patient, until the incisories and cuspidati had all been removed. I then commenced upon the lower ones and removed seven there, including the two bicuspidates on one side. This is the largest number that I have ever taken from the mouth of a patient at one inhalation, and the effects of the ether had so far passed away before the three last were extracted, that the Doctor experienced a slight sensation when they were removed. Just as the last one was taken away, he exclaimed "Go on and extract the upper ones;" but the work was already done without his knowledge.

The most novel part of the operation, however, had been performed already by the Doctor himself. He had anticipated the deformity and embarrassment which the loss of his teeth would occasion him, and as he could not literally obey the injunction "Physician heal thyself," he had endeavored to provide a remedy, by preparing two sets of artificial teeth before leaving home. An impression had been taken, and the teeth cut from the plaster cast so as to make it resemble, as near as possible, the form of his own jaws, after the teeth were removed, and the plate, clasps and teeth were adjusted to this cast. After the bleeding had stopped he took these plates from his pocket, and with a slight bending of the clasps adjusted them in his mouth. The fit was better than many that are set, after the mouth has had months to heal, by men who boast of the perfection of their workmanship. There is a difference of opinion among those who are in the practice of administering ether, about the best method of giving it to the patient. Some prefer to saturate a sponge, and put it to the mouth and nose of the patient, while others continue to use the inhaler. Dr. Morton I am told, has abandoned the instrument and uses the sponge. I have tried both and give the preference to the instrument. According to my experience it takes less than half the time, (from one to three minutes gene-

rally is sufficient,) and a much less quantity of ether, which of course makes it less disagreeable about the house. Nor have I found any disagreeable effects to follow from the use of the instrument, more than when the sponge is substituted, if the opening is large enough to allow the atmospheric air to pass freely into the globe. I have removed the valve from the opening which admits the air, leaving an orifice about the size of my finger.

Many Dentists, owing to the slight difficulties and embarrassments which attend their first efforts in the use of ether, abandon it altogether. I did so myself for a time, but on resuming it again, I found that after a little experience and perseverance, all those difficulties vanished, and I now administer it with as uniform success, as attends any other operation upon the mouth. Patients who have inhaled it are generally highly gratified, and often express a determination never to submit to another operation without first taking the ether.

DOCT. C. C. ALLEN,—Dear Sir,—REV. T. J. DEVAN, missionary from China, and formerly in the practice of medicine in this city, having recently returned in consequence of ill health, has kindly furnished me with the results of his observations on dental practice among the native Chinese. You will notice that the class of operators which he describes never use “amalgam of any kind,” not even “Chinese cement,” and thus are never liable to *kill* or *salivate* their patients. Such a safe course certainly deserves commendation and might well be imitated by all “Doctors of Dental Surgery.”

The styptical operation to which he refers is generally omitted by our profession, but is universally practiced by Chinese Surgeons, without regard to the “idiosyncrasy” of the constitution. Accept my best wishes for the success of the Recorder.

Yours truly,

GEO. E. HAWES.

New York, Oct. 16th, 1847.

MY DEAR DOCTOR,—Not long since, you expressed to me a desire to know something of dental practice, and indeed all kinds of medical practice, as employed by the native Chinese. My intercourse with the people brought me very little in contact with the practitioners of Dentistry, nevertheless, the most casual observer cannot fail in noticing as he walks the streets of Canton, that there are those who follow the art as an *exclusive* means of subsistence. Many of the Dentists are seen setting on the pavement of the street with a string of decayed teeth lying before them, as a token to passers by, that for some three or four cents, they are ready to remove a tooth.

The Chinese have a *peculiar* dread of the sight of blood, hence when the Dentist *knocks out* a tooth, (for they do not *extract* them as far as I am aware) an assistant stands by ready with some styptic to fill up the alveolar cavity and arrest the hemorrhage. The people to a certain extent became aware that at my dispensary I *extracted* teeth, and the superiority of my process over the rude and painful method

practised by their dentists, would have procured me as much practice as any man could wish, had I been willing to spend my time in that way. I frequently had occasion after having extracted a tooth from a Chinaman to notice his great anxiety to have something crammed into the alveolar cavity to stanch the hemorrhage, and sometimes great apprehension was expressed, lest the loss of a tea spoonfull of blood might produce fatal or serious consequences.

With regard to filling teeth, I believe no such process is known among the Chinese, at least I have never heard of it in the South province of that Empire. They insert teeth very seldom. I have had an opportunity to examine a case which indeed appeared to be as neatly done as their mode of operation would permit. A strong silk thread is wound tightly about the neck of the natural tooth which is to be inserted, and the ends are wound about the necks of the sound teeth on either side. They know *nothing* of inserting teeth fastened to a plate.

Caries of the teeth is very rare among the Chinese, although not more than one in a hundred uses a tooth brush, and none think of removing the tartar that gathers about the teeth. I have seen the latter so encrusted upon these organs as to reach to the level of the crown of the teeth, and at the same time so imbedded in the gums as to keep up a constant ulceration of them, and all this without any perceptible inconvenience to the person. It is my belief that this exemption from caries arises in a great measure from the fact that a Chinaman never takes any thing *cold* in his mouth; his food, his wine or his tea, the latter of which is almost his *hourly* beverage, is invariably taken into the mouth *warm*. I have never seen a Chinaman so courageous as to take a mouthful of cold water into his mouth. Even the common street beggars would not *think* of such an act. To be obliged so to do, would be considered not only a cruelty to one's self, but as indicative of the last stage of suffering privation. The streets abound with tea sellers, who for the one eleventh part of one cent, are glad to furnish a cup of hot tea to any applicant.

How far the universal practice of chewing the betel nut or the almost hourly smoking of their weak tobacco, may contribute to the absence of caries of the teeth, I am not prepared to express an opinion with any certainty. I have sometimes thought that the *almost* universal practice of smoking opium might not be without some influence.

I would not have any of your friends in the profession infer from this account, that China opens a rich prospect for dental practice. It is true, a Dentist might very readily secure any amount of practice he could wish for, among the native Chinese, but I doubt whether the sum total of his cash receipts would exceed 25 or 50 cents a day, while his expenses could not be less than five dollars for each day. The people love their money more than their teeth, and are content to suffer pain and inconvenience rather than be relieved at the cost of five or ten cents. Indeed the fact that the majority of the men of Canton do not realize more than fifty or seventy-five dollars per annum, for the support of themselves and families, seems to preclude the idea of a profitable practice in any department of the healing art.

NEW YORK DENTAL RECORDER.

NOVEMBER 1, 1847.

THE AMERICAN SOCIETY OF DENTAL SURGEONS.

This Society held its Eighth Annual Meeting at the Union Hall, Saratoga Springs, on the first Tuesday of August. The attendance was not large, at no time numbering more than thirty members. During the last few years, there has not generally been more than from twenty to thirty members present at its annual meetings, out of some one hundred and thirty or forty, which the Society has numbered. This shows anything but a commendable zeal for the advancement of the interests of the Society, or the Dental profession. If there is any benefit to be derived from being a member of the Society, it consists in communing together at the annual session. There the different members can converse familiarly upon the interests and advancement of the profession in different and remote sections of the country, exchange ideas upon Dental practice and renew their friendly relations from year to year; but most of the members are satisfied with the bare honor of being a member.

Most of the time of the late meeting was occupied in disposing of the vexed question of Amalgam. The report of the Recording Secretary showed that some eighteen or twenty members had neglected to comply with the mandate of the Society, requiring them to give a written protest against amalgam for filling teeth, or their fangs, and pledge themselves that they would neither use nor encourage the use of it in their practice as Dental Surgeons, while members of the Society. The question then arose what shall be done with these refractory members. A committee of seven was appointed to whom the subject was referred. After due deliberation, the committee reported in effect, the following:—

Resolved, That this Society will not expel any member for non-compliance with its mandate, in reference to amalgam, who does not use it in his practice as a Dental Surgeon.

Resolved, That it is the duty of each member of this Society to respect the opinion of the majority, and if he cannot do so, to quietly retire and resign his membership.

These resolutions after some discussion were passed, and disposed of the cases of all those who did not use the article; but had refused to protest against it as unfit in all cases. There were still several members who believed it a useful material in some cases, and thought it their duty to give their patients the benefit of it, whenever such demand was made for it. They contended against the right of the Society to dictate to them how they should operate, or what materials they should use in their practice, believing that every man worthy to be a member, was competent to judge for himself, and valuing their

liberty and independence higher than their membership, they refused to compromise the matter by discontinuing the use of amalgam, in all cases, or to resign their membership, which would, as they conceived, be tacitly admitting that the majority was right.

In this state of the case there was no alternative left to the majority, but either to retrace their steps and repeal the mandate, requiring each member to give up the use of the amalgam in his practice, or to expel several highly esteemed members, some of whom were foremost in forming and maintaining the Society, and who now stand high in the estimation of the profession, and the public. The former step they were determined not to take, and accordingly resorted to the most extreme measure which the Constitution allows, and expelled them from the Society.

Believing as we do, that—notwithstanding the great abuse of amalgam, in the hands of Dental practitioners who are not well skilled in the use of gold—there is not a sufficient reason for proscribing any article, used in the practice of Dental Surgeons, any more than in the practice of Medicine; we felt it our duty to vote with the minority. At present there are different opinions honestly entertained among eminent Dentists upon the merits of amalgam for filling teeth. A few years more and its properties and effects will be more thoroughly understood, and we may then expect more harmony in the views of the profession respecting it. Until such time, we believe the wisest course would have been for the Society to let the subject entirely alone; but the majority believing that such time had already arrived, acted as in their opinion the crisis demanded. Whether they acted wisely or not the future will determine.

After this subject was disposed of, there remained but little business before the Society. Most of the members who had been appointed at the previous meeting to deliver the essays and addresses, had failed to prepare themselves, or were not present. There was, however, one read by Dr. W. H. Elliot, of Montreal, which was listened to with attention, and which will be noticed by the Recorder when it appears in print.

In reference to the subjects of secrets and patents in Dental Surgery and its collateral branches, the society passed the following preamble and resolutions.

Whereas, one of the objects of this society is to diffuse a knowledge of correct practice in Surgical and Mechanical Dentistry, among all practising Dentists, and to give to all its members the benefit of improvements in the science, thereby elevating it to the rank of a liberal profession; therefore,

Resolved, That it is derogatory to the dignity of this Society to retain as members any person who has secured, or shall hereafter secure to himself by "letters patent" any invention or improvement in Surgical or Mechanical Dentistry.

Resolved, farther, That no man shall be considered an honorable member of this Society, who has secrets in his possession, or refuses

to impart any knowledge or information which he may possess on the subject of Surgical or Mechanical Dentistry, or any of its collateral branches, to any other member.

After a session of three days, by far the pleasantest part of which, to us, was spent in private conversation with different members from various parts of the country, the Society adjourned to meet again at the same place on the first Tuesday in August, 1848.

TEETH, THEIR STRUCTURE, DISEASES, TREATMENT, *illustrated by numerous Engravings, by JOHN BURDELL, DENTIST.*

This book begins with first principles, going back to the book of Genesis, and quoting the spirit of the first chapter viz; that in the beginning God created all things and pronounced them *good*, giving the command to each, to bring forth after its kind or pattern. The author then asserts, that "all variation and deformities from the original pattern of organized bodies, are the results of climate, circumstances, violations and infringements of the laws set in force in the beginning to produce after their kind," and the object of the book seems to be to prove this assertion with particular reference to the teeth; all the diseases of which, as well as those affecting other parts of the body, are in the opinion of our author, owing entirely to the unnatural manner of living.

The principal arguments made use of to establish the above theory are founded upon analogy. Plates are introduced showing the deformity and disease caused by interference with the natural laws in the growth of trees, quills, horns of cattle, teeth of whales, &c. There are two plates also showing the front teeth of the cow; one had a perfectly healthy set, and had subsisted upon its natural food, the other had been fed upon the slops of the still and the teeth resembled the worst cases which the Dentist is ever called upon to treat; in fact we should say that the cow had neglected them too long to derive any benefit from the aid of Dental Surgery. Several are completely denuded of their enamel, one entirely gone, and two or three ulcerated in the sockets. We are told that this condition of the teeth is quite common among the dairies in the vicinity of New York, where the animals are fed upon food from the still. A case is also related of an Ourang Outang, which is purely a frugiverous animal, that had been fed upon cooked and spiced food, both vegetable and animal, together with tea, coffee, and wine, whose teeth were encrusted with tartar, and the jaws of which were diseased like that of the cow. Several other cases of a similar character are related which we have not space to give at this time.

From these facts Mr. Burdell concludes, "1st. That man is naturally a frugiverous animal; and 2d. that the teeth suffer in a peculiar manner from the indiscriminate use of different articles of food, and particularly from taking these articles while they are hot." Under a different mode of living, he says "The numerous dentists who now live on

the public could be readily dispensed with; one or two would be amply sufficient to repair the accidents of the teeth which would occur in a city of the size of New York." But the Dentists need not fear for their occupation—our author proceeds to say that "The depraved appetites of mankind do not allow them to abandon their habits of luxurious living; they will continue, as has been their former practice, to violate the laws of nature, and Dentists and Physicians will continue to find ample employment until the practice of mankind accords with reason unperverted and an enlightened judgment" which, judging from the past history of the world, will be some time hence.

Many able Physiologists and Commentators have taken the same view as Mr. Burdell upon this subject. Dick in his *Philosophy of Religion*, says: "To take the life of any sensitive being, and to feed on its flesh, appears incompatible with a state of innocence, and therefore no such grant was given to Adam in paradise, nor to the antediluvians. It appears to have been a grant suited only to the degraded state of man after the deluge; and it is probable that as he advances in the scale of moral perfection, in the future ages of the world, the use of animal food will be gradually laid aside, and he will return again to the productions of the vegetable kingdom, as the original food of man, as that which is best suited to the rank of rational and moral intelligence. And perhaps it may have an influence, in combination with other favorable circumstances, in promoting health and longevity."

Many others contend that man was created omnivorous, and the anatomy of the body compared with that of carnivorous, and frugivorous, and herbivorous animals, seems to favor this theory. The researches of modern Chemistry in the animal kingdom, also seems to show that all the organs and faculties of man in his present organization cannot be so perfectly developed upon a purely vegetable diet, as when he subsists upon a mixture of both vegetable and animal food. Animal food is much more stimulating than vegetable, hence we find that the inhabitants of northern climates devour it in much larger quantities than the inhabitants of the tropics. The Esquimaux Indians subsist almost entirely upon the flesh of the most stimulating kinds of fish, while the principal food of the natives in the torrid zone, consists of cooling and acid fruits.

The common practice of feeding children upon animal food, often made more stimulating by spices and high seasoned condiments, we cannot believe to be good, as the tendency must be to create an excited and inflammatory condition of those organs, whose business it is to form and build the human frame. Work performed in this forced, excited manner cannot be well done, and hence we find that the children of indolent and luxurious parents are seldom robust and healthy, like those of the middling classes. The teeth also partake of the natural delicacy and predisposition to disease manifested in other parts of the system.

BALTIMORE COLLEGE OF DENTAL SURGERY.

The Annual Circular of this Institution has again made its appearance, and we are gratified to see that it is attracting the attention of the profession more and more every year. The College may now be considered as permanently established, and, as we believe, has commenced a new era in the practice of Dental Surgery. From a personal acquaintance with two of the professors engaged in teaching those branches most intimately connected with our art, as well as the testimony of eminent Dentists who have visited this institution, and the high qualifications of many of its graduates; we are convinced that the students of this Institution enjoy much greater advantages for qualifying themselves for the practice of Dental Surgery, than can be had in the office of any practicing Dentist. The fact that a class of young men are associated together, and pursuing one course of studies creates a spirit of emulation, which inspires them to excel one another, and to strive to attain to the highest degree of perfection in their art.

The College contains every convenience necessary to the Dental student—commodious lecture rooms, an extensive work-shop and laboratories, furnished with the most approved tools and apparatus, an extensive Dental Museum containing many specimens of morbid anatomy of the teeth and adjoining parts, antique specimens of artificial teeth, &c. &c. The students also have access to Prof. Harris' extensive library which embraces, with one or two exceptions, every work which has ever been published on Dental Surgery.

The Mechanical and Operating rooms will be open on the first Monday of October—one month previous to the commencement of the lectures—under the direction of the Demonstrator; and the Faculty would here most earnestly advise all students (and most especially those who expect to attend but one course) to avail themselves of this month's practical instruction—as the sole object is to familiarize them with, and, as it were, break the ground for more readily pursuing the details of the regular course.

We copy from the Circular the following

PLAN OF INSTRUCTION.

The course of instruction comprises four Professorships:

1. Principles and practice of Dental Surgery.
2. Special Pathology and Therapeutics.
3. Anatomy and Physiology.
4. Operative and Mechanical Dentistry.

PRINCIPLES AND PRACTICE OF DENTAL SURGERY.—The Professor of this department will deliver a complete course of lectures upon the Principles and Practice of Dental Surgery—in which will be embraced, Dental Anatomy, Physiology, Pathology and Therapeutics, illustrating the science, with numerous specimens of healthy and morbid Dental Anatomy. Lectures on Dental Hygiene will also be given from this chair.

SPECIAL PATHOLOGY AND THERAPEUTICS.—The Professor teaches the General Principles of Pathology, Medicine, and Surgery. He dwells particularly upon such diseases as complicate disorders of the mouth, face, &c. &c.

ANATOMY AND PHYSIOLOGY.—The Professor commences by familiarizing the student with the alphabet, or general principles of anatomy, called General Anatomy; then, upon the subject, he has the different parts dissected, demonstrating minutely those of the head and neck. The healthy section of the several organs concerned in any particular function is shown along with the structure, thus uniting the Physiology with the Anatomy, by blending relations which nature has made inseparable, and presenting a plan of instruction found to be most interesting and useful. Besides the fresh subject, various preparations, dry and wet, with models, drawings, &c. &c., are used in the different illustrations. The Dissecting Room is under the personal direction of the Professor.

OPERATIVE AND MECHANICAL DENTISTRY.—The Professor of this department, gives his special attention to all the various practical details belonging to this branch, which he will illustrate by operations upon the living subjects. He will also give a course of lectures upon Chemistry, with special reference to the practice of Dental Surgery, which will be demonstrated by experiments.

PRACTICAL DEMONSTRATIONS.—Practical Demonstration will also be given by the Demonstrator of Practical Dentistry, upon the manipulations of the practice of Operative and Mechanical Dentistry, both in the Mechanical Rooms and Infirmary, connected with the College.

TERMS OF GRADUATION.—"Candidates for graduation, who have attended two full courses of lectures in this College, or one course in some respectable Medical College, and one in this institution, will be subjected to a critical examination by the Faculty, and be required to defend a thesis on some subject connected with dental science; they will also be required to present one or more specimens of mechanical skill in preparing and setting artificial teeth, and likewise be expected to perform certain dental operations in evidence of practical qualifications; and, on being found competent, they shall receive the degree of 'Doctor of Dental Surgery.'" Four years' actual practice in the Dental Art will be considered equivalent to one course of lectures.

To the graduating student exhibiting the highest skill and proficiency, will be given a full and splendid set of extracting instruments, manufactured by Mr. Arnold, of Baltimore.

TERMS OF ADMISSION.—Tickets of each professor, for each session, \$25; Demonstrator of Practical Dentistry, Ticket, \$10; Dissecting Ticket, optional, \$10; Diploma Fee, \$30; Matriculation, \$5.

Good and respectable board can be obtained at from \$2,50 to \$3,50 per week.

Lectures begin the first Monday of November, and end the last of

February; the Mechanical Rooms open first of October. Perishable articles used in the laboratory by the pupils, must be provided by them; permanent fixtures, &c. are provided by the College.

THE NEW YORK JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

Edited by Charles A. Lee, M. D. and published by J. & H. G. Langley, No. 5, American Hotel, Barclay Street, N. Y.

This Journal commenced five years since by the Messrs. Langley, under the editorial charge of the lamented Forry, has now reached its ninth volume, and is every way worthy of the patronage of the Medical and Dental profession, and the general scientific reader.

It is the intention of its editors and publishers that it shall embrace all the collateral and subordinate branches connected with Medical and Surgical science, including Dental Surgery, which has been, with few exceptions, entirely neglected by our medical journals. We learn from the publishers, that several of our most eminent Dentists have engaged to communicate for the journal. This is a favorable omen, and we hope the next step of the Faculty may be to encourage the instruction of students in our medical schools, in the knowledge of Dental Surgery. We are not among those who can see no merit in Dentists who have not received a medical education; but we have learned from experience the advantage and the great satisfaction which a knowledge of the principles of medical science gives to the Dental practitioner; and we have often lamented the great ignorance that exists among medical men, generally, respecting the principles and practice of our peculiar department of their science. If the New York Journal of Medicine will lend its influence towards promoting friendly relations between two near connexions, who have been long separated and estranged from one another, it will confer a mutual favor upon both, and merit the lasting obligations of their afflicted constituents.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

The annual announcement of this Institution shows that it has now the largest number of students of any Medical College in our country, its last class numbering *four hundred and ninety-three*, and its graduates *one hundred and eighty-one*.

The regular lecture term commences on the first of November, but lectures and clinical instruction are given through the month of October, and continued through the month of March, thus approximating towards the six months lecture term recommended by the late Medical Convention.

The Jefferson Medical College has ever been foremost in its efforts for the improvement of Medical education; but in its whole system

embracing the diseases treated in the clinical department, we see nothing relating to the important branch of Dental Surgery, beyond the simplest principles.

We should like to see its students examined upon the difference between a strumous inflammation of the lymphatic ganglia about the neck and throat, and that which arises from the irritation produced by a diseased fang of a tooth in the jaw.

A SOCIETY OF DENTAL SURGEONS.

We have received several communications from different parts of the State, in which some of the writers, alluding to the formation of a society among the Dentists in New York city, request that it may be a State, instead of a City Society. At the present time the desire for association and mutual improvement, among Dentists, seems to be as strong as that for isolation and secrecy was a few years since. We have often heard younger members of our profession relate the various arts which they had practiced to gain access to the operating rooms of those whose skill and reputation were already established. One young man persuaded his friend to go to three different Dentists and have his teeth filled, while he closely watched the operation each time, paid the bill, and removed the fillings, to prepare the teeth for the next Dentist who was to try his hand at them. "In this way," to use his own language, "did I serve my time as an apprentice to Dentistry," and the character of his operations were in keeping with the tuition which he had received. There are many of this class now practicing among us, and it is a serious question, whether those who are educated should take them by the hand and endeavor to improve them in their practice and manners, or leave them to their own resources. We care not what others may say, nor how they may feel upon this subject, our own opinion is fixed, and so long as the public have no criterion by which to judge between the good and the bad, we shall feel that our standing and reputation as a Dental Surgeon is influenced by the reputation of the mass of Dentists in the country. If the Dental Profession stands high in the estimation of the community in which we live, and ranks with other honorable professions, then is the *prima facie* evidence favorable to the character of each individual Dentist, and vice versa. Every man's character is influenced, more or less, in spite of himself, by the character of those who are in the same class, trade, or profession, with himself. If we have no feeling of benevolence towards those who have enjoyed less privileges than ourselves, the feeling of self-preservation and elevation should induce us to lend them a helping hand.

If a Society can be formed upon these principles, we will lend it all our influence, and shall be glad to see the good work commence immediately.

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF

SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol. II.

DECEMBER 1, 1847.

No. 3.

ARTIFICIAL TEETH ON THE PRINCIPLE OF ATMOSPHERIC PRESSURE.

To the Editor of the Dental Recorder :

Dr. M—— informed me, after a late interview with you, of your knowledge of, and experiments with, a certain process for procuring a vacuum in a gold plate, for the purpose of causing it to adhere to the gums with more firmness, upon the principle of atmospheric pressure. There is a gentleman in New Haven, Conn., a confectioner by trade, who had the misfortune to lose his upper teeth. He applied to a number of dentists to replace them for him, none of which succeeded to his satisfaction, until, finally, he went to work himself and fitted a plate to his own mouth, and in so doing, by some means, left a vacuum between it and the gum. The plate answered the purpose, that is, held up firmly.

He then called on Dr. Thompson, Dentist, of the same place, who told him that it was something entirely new, gave him much praise for the discovery, and advised him to get a patent for it ; which he has done, or is trying to obtain. Dr. Thompson is now advertising the improvement, with the gentleman's name attached to his advertisements. I am also informed that Dr. T. has imparted to you, and several others in New York, a knowledge of this improvement ; if so, the above is no news to you, but as it may be interesting to some of the readers of the Recorder, I will describe the process.

The impression is taken in wax, in the usual manner, taking care to let it extend far back on the roof of the mouth. A line, commencing opposite the second molar teeth, is drawn around on the wax, of a semicircular form, about a quarter of an inch within the most prominent part of the gum, to a corresponding point on the opposite side ; it is then carried straight over the roof of the mouth until it intersects the line on the opposite side where it commenced. The wax contained within this line is then removed to the depth of about half a line, more or less. The plaster-cast is then made in the wax, in the usual manner, which produces a prominence in that part corresponding to the roof of the mouth. When the metallic castings are made, the gold

plate is wedged with care over this prominence, and about a quarter of an inch back of it.

This forms a chamber in the plate from which the air is to be exhausted by suction, when the plate is put into the mouth. The success of the operation depends mainly upon having the plate fit perfectly to the gum, immediately around the chamber, so as effectually to prevent the air from gaining access to this vacuum. Plates fitted in this manner often adhere to the gums with such firmness as to make it exceedingly difficult to remove them.

The same principle has been used by me for more than three years, and I have no doubt by many others, years gone by, but the manner in which that vacuum has been got to answer the purpose designed has been somewhat different, much more simple, and equally effectual, in fact, as you will see by the inclosed casting, which I send you, producing exactly the same result. In a practice of eleven years, I have never seen any thing of the kind until used by myself, that is, the improvement. A pupil of mine has been settled in New Haven for two years past, and has used the same principle in his practice, which was some time before the gentleman made his invention known.

You will perceive, by the accompanying cast, that the person has a central incisor, an eye tooth and three fangs remaining. In this case I fitted a gold plate successfully, upon the principle of atmospheric pressure. The plaster cast is raised by a piece of sheet lead about the size of a shilling piece, with one side cut off in a straight line about half an inch long; which straight side runs across the back part of the roof of the mouth. This is pressed firmly down and retained in its place, on the plaster casting, by a little shell-lac varnish. This lead may be of such a thickness as to give the chambers any desirable depth. From this pattern I make my metallic casting by moulding it in sand.

The plate fitted in this case I found was retained firmly in its place, when the air was exhausted from the chamber, notwithstanding it was so cut away in front, to prevent it from showing, that the bases of the teeth rested upon the gums, as is usual when the plates are fastened by means of clasps to adjoining teeth. I have used this method, in troublesome cases, long enough, as I think, to fully test its merits, and have found it very useful, particularly when, like the above, the case would not admit of the plate being turned up in front of the gum.

If the method here described can be of any use to my professional brethren, who are readers of the *Dental Recorder*, I shall be amply repaid for the trouble which this communication, written amidst constant interruptions, has cost me.

D. H. PORTER.

Bridgeport, Ct., Oct. 18th, 1847.

To the Editor of the Dental Recorder :

DEAR SIR,—There is an evil among the members of the Dental Profession, to which (through the medium of the Recorder) I would like to call the attention of those whom it may concern.

Believing it to be a subject of no small importance, and one which, if properly attended to, would be a means of elevating our calling to that position which its importance dictates, I am the more anxious to give vent to a few thoughts, which, if they do nothing more, will in a measure relieve my own mind.

I refer to the habit, which some dentists have unfortunately acquired, of finding fault with all operations except those performed by themselves.

Perhaps some will smile at a thought like this; be that as it may, I am convinced that, when rightly received, no one will fail to identify it as one of the causes why there are yet in the community so many who appear to have little confidence in the utility of Dental Surgery.

It is not my purpose to inquire into the justice of this fault-finding. I will suppose (for argument sake) that the remarks concerning our neighbors are, in the main, true. Is this course calculated to inspire in the mind of the patient a greater respect for the narrator of others' imperfections? Will it set forth dentistry in a more ennobling aspect? And finally, will it elevate the members of the profession to that position in the scientific world which they must attain before they can be duly appreciated?

It is a deplorable truth, that we can find many persons who are willing (or at least have too much politeness to refuse) to listen to the detracting remarks made by one dentist in regard to another. But though there may be many of this disposition, there are extremely few who, after having heard such insinuations, have any better opinion of him who has been the source of their information; on the contrary, I believe that, with few exceptions, the effect is universally counter to that which was designed. He who attempts to acquire a reputation by such means, will find that his celebrity will cease to live *before it has an existence*. It is in accordance with our nature for us to suspect him, who is constantly pointing out the foibles in his neighbor, to be himself the fittest subject for his own rebuke. This suspicion being so general, one might suppose that (if there were no higher motive) policy would be a sufficient incentive to secure a wholesome reformation in this particular. We have to deal with the intelligence of the community; and if we would make a favorable impression, we must not insult the judgment of our patients by striving to entertain them with long discourses on our own merit, and the inferiority of every other practitioner.

The evil effects of this habit are not confined to those who indulge in it; every operator must bear a part of the opprobrium thus brought upon the profession. Though the mass will form a low estimate of the dentist who bears the character we are contemplating, there will be many, who will credit the statement, too many, who (though they despise the traitor) will love the treason, and thus will dentistry be degraded by one who should put forth untiring efforts to enhance its respectability.

So far as this person succeeds in this attempt, the whole profession

is lowered in the eyes of the community. If the people believe that there are so few who have any knowledge of their business, what opinion will they form of our calling? But I will not dwell. It must be evident to every person of reason, that this custom of speaking lightly of all operations except one's own, is, to say the least of it, a silly affectation, only calculated to lower us in the estimation of those whose good opinion we should strive to maintain.

Perhaps the persons addicted to this habit pay little attention to the subject, and have no idea that the evil which they inflict is so general. It is with the hope of calling their attention to the matter that I have penned these lines.

The great probability is, that this misfortune is traceable to the enmity which exists between dentists. We want more sociability, more friendly intercourse, and then we may have a union of action which will be alike beneficial to dentistry and its subjects; and to this end, I hope, Mr. Editor, that your proposition for a Society of Dental Surgeons will be favorably received by the practitioners of our city and State.

Respectfully, yours,

R. N.

New York, Nov. 4th, 1847.

LETTER OF DWINELLE.

MESSRS. EDITORS:—There seems to be some misunderstanding in reference to an article published under my name in the September number, 1846, of the Journal.

The article was somewhat hastily written, or I should not have fallen into the error of using terms so inexplicit, and capable of such various construction, without the safeguard of further qualification.

The term decay is susceptible of so many significations, that, even in ordinary usage, it is exceedingly ambiguous; out of this circumstance the misapprehension seems to have arisen.

I did not intend to be understood as advocating the propriety of leaving *actual* decay or *decomposed* matter in the cavity of the tooth; I mean in the strict sense of the term. But I *did* mean to be understood to say, that there are circumstances wherein it is proper, and even *duty*—rather than do worse—to have discolored matter in the cavity of the tooth, and even those parts of the tooth which have lost a portion of its lime, and with it a degree of its density. Because, in the first place, a tooth may be discolored, and yet retain all its original qualities of density. And, in the second place, a tooth may lose a fraction of its lime, and yet retain all its essential qualities as a bone, as is manifest in the bones of different individuals, some of which almost vie with flint in texture, while others, again, may be literally whittled with a knife. The bones of an infant contain but comparatively a small quantity of lime, and yet they possess all the essential qualities of bone—distinct, living, organized bone. The bones of an aged person contain a much less quantity of gelatine, and yet they perform all the requisite functions of bone.

That I may not again be misunderstood, let me introduce an illustration: The bones are composed of lime and animal matter, suppose we say five parts of animal matter to ten of lime; suppose the decomposing influence of acids have deprived it of one or two proportions of its lime, still it is bone in all its essential qualities, and, if properly protected from external influences, will answer all the requisite properties of bone; the decomposition, under the circumstances, will not go on, nor will it dry down, and occupy less space than it did before, as *cartilage* would, situated in a dry place, and entirely remote from the influence of moisture. It would not dry down, I say, especially as the tooth is not dead, and as the whole surrounding bone is of a porous quality, and the parts are immediately over a moist, living nerve; the parts have lost a small portion of its lime, and have assumed a modified character of original bone; enough has been lost to render the change discernible, and yet they are sufficiently dense and firm to resist the force of a proper plugging.

The word *decompose*, as well as decay, admits of several significations, and can be *tortured* into many; but I wish to be understood as using it in view of the circumstances, in the light of common sense, and in a comparative and qualified degree, starting at a point at which its action is imperceptible, it passes down, step by step, one degree after another, until its operation is complete. The very term denotes *progressive action*, as it is, indeed, a chemical action; so that the idea of disintegration is wholly incompatible with the premises.

My object in writing the article, was to endeavor, so far as possible, to correct that which I am compelled to believe a morbid disposition on the part of some—irrespective of all qualifying circumstances—to pursue and exterminate all discolored and slightly modified bone, even to the nerve, and then tell us how skilfully and ingeniously they have killed and removed a living and valuable organization, as though it was a guilty thing—much in the same way that one headsman would boast to another, how handsomely and artistically he had decapitated a fellow-being. For I lay it down as a fact beyond controversy, that the nerve of a tooth is essential to its perfect and healthful existence, and firmly believe that when it is protected by discolored and slightly decomposed bone, and which bone cannot be removed without exposing it, it is infinitely better to proceed and fill the tooth, rather than remove the nerve, thereby robbing the tooth of a large share of its necessary vitality. The destruction of the nerve is oftentimes important and imperative, but very, very often it is not.

I trust I am more fortunate in being understood this time, and also hope, as I had hoped before, that I may thereby be instrumental in promoting the general good of the profession, yet I may be mistaken: “Tempus discernet.”

Ever truly, your friend,

W. H. DWINELLE.

In our last number we published an article from the pen of Dr. Westcott, in which he dissents from the practice of Dr. Dwinelle, as

described in a "Dissertation on Preparation of a Cavity preparatory to plugging," which was also published in a former number of the Recorder.

It will be seen from the above article, that Dr. Dwinelle (in consequence of Dr. Westcott's article, as we suppose) virtually retracts what he had before so boldly asserted, viz.: that he had, in the operation described, "*actual* decay sealed up within the centre of the tooth, and that, too, in immediate contact with the nerve." Now he says, "I did not intend to be understood as advocating the propriety of having *actual* decay, or *decomposed* matter, in the cavity of the tooth," but only "discolored matter," and "those parts of the tooth which have lost a portion of its lime, and with it a portion of its density." The difficulty seems to be to ascertain what Dr. D. means by "*actual* decay."

All will agree that discolored bone is not necessarily dead, decomposed, or decayed bone, for we frequently find discoloration both in the enamel and dentine portion of the tooth, before it has been attacked in any part by caries; nor has it generally been thought necessary to remove this discolored bone, and plug the tooth, unless it had become softened by disease.

The point at issue, however, between Dr. Dwinelle, as laid down and defended in his original dissertation, and Dr. Westcott, seems to be simply this. In preparing a cavity in a decayed tooth for the introduction of a gold filling, (when the operation has approached so near the dental pulp, that, in the language of Dr. D., "To proceed and remove every particle of decay [*actual* decay?] from the tooth, would be to uncover the nerve and surround the operation with difficulties which I will not at this time enumerate"), is it better practice to stop excavating when near the pulp, neutralize the acid in the remaining portion of caries, by an alkaline solution, and fill the tooth, or go on excavating until every particle of caries is removed, and the nerve exposed, and then treat it accordingly? The latter is Dr. Westcott's practice, the former is (or rather was,) Dr. Dwinelle's. From the above letter, however, we are led to suppose that he has abandoned the position which he formerly occupied, and to avoid the fire of his *friend* in future, fortifies himself behind a new theory of decomposition.

In illustration of this theory, Dr. Dwinelle says: "The bones of an infant contain but comparatively a small quantity of lime, and yet they possess all the essential qualities of bone—distinct, living, organized bone. The bones of an aged person contain a much less quantity of gelatine, and yet they perform all the requisite functions of bone." From these facts, the doctor seems to think that the bones of the aged are only to be exposed to an acid, under certain circumstances, to become changed to that of the child; for he says, farther on, "The bones are composed of lime and animal matter, suppose we say five parts of animal matter to ten of lime; suppose the de-

composing influence of acids have deprived it of one or two proportions* of its lime, still it is bone in all its essential qualities."

Now, although Dr. Dwinelle wishes to be understood as using the terms *decomposed* and *decay* "in the light of common sense," we must frankly confess that with the little common sense which we possess we have studied in vain to find out what he means, unless it is to get out of the clutches of Dr. Westcott, lest he fare worse, if possible, than an amalgamite. According to Dr. D., caries of the teeth is accounted for by the action of acids in the mouth, which have a stronger affinity for the base of the tooth than the acid with which it is naturally combined. He says in his dissertation, "The decay of the teeth is entirely a chemical action, and depends upon *external* agencies alone for its progress, such as air and water, and such other influences as will promote a constant acidulated and decomposing action." Now this theory of caries certainly conflicts with the one illustrated above, for all chemical action upon solid substances like the teeth must be confined to the surface. A chemical equivalent of acid, with its strong affinity for alkali, will seize upon the first proportion which it meets with. It will not pass by one atom of lime in a tooth to take up another of the same kind beyond, thus penetrating the substance of the tooth and depriving it of "one or two proportions" of its lime to accommodate the theory of Dr. Dwinelle, but, so far as it goes, its action will be perfect and complete, and the Dentist will always find a distinct dividing-line between the hard and soft bone. If a piece of marble is exposed to the action of an acid whose affinity for the lime contained in it is stronger than that of the carbonic with which it is combined, it will not be softened, nor part with a proportion of its lime; but so long as the action continues, the dissolution of the marble will be complete, every particle of the lime uniting with the dissolving acid until the marble is completely destroyed. The same is true of the phosphate of lime in a common tooth, when exposed to the action of any dissolving acid.

When Dr. Dwinelle's dissertation was first published, we were pleased with it, because the views contained in it were such as coincided with our own practice for years, but so far as we know had never before been published. We saw no evidences of haste in its composition, nor terms in it which were "inexplicit, or capable of various construction." It appears to be a plain, common-sense article, enforcing with truth the axiom, that of two evils it is better to choose the least.

The Recorder then gave him credit for his independence, although it questioned the propriety of the operation, and implied a censure upon the American Society of Dental Surgeons for not allowing members

* According to Berzelius, the tooth bone is composed of 69.5 of the salts of lime and 28 of gelatine and water, and we can conceive of no chemical action by which these relative proportions can be changed. If the tooth contains absorbent vessels, as some suppose, pervading every part of it, then the salts of lime might be removed, and change the relative proportion of animal and earthy matter; but this is not a chemical action.

to think for themselves upon all subjects as well as upon this. Notwithstanding the ambiguity of the present article of Dr. Dwinelle, and the confusion which he attempts to infuse into the meaning of the original dissertation, we still understand that in the sense which the language most clearly conveys, and Dr. Westcott to the contrary, we still adhere to the practice of braving "*actual decay*," or "*modified bone*," in the centre of the tooth, as we believe "*in immediate contact with the nerve*," under circumstances which have been already explained in the Recorder—rather than destroy it and fill the fangs with gold.

ED. REC.

OBSERVATIONS

Upon the Importance and Value of a Knowledge of the Collateral Branches of Medicine and Surgery in connection with Dentistry. By JAMES ROBINSON, D. D. S., London.

[Continued.]

Having pursued the subject thus far, and demonstrated the advantages that the dental practitioner may derive from an acquaintance with anatomy and its intimate relations, physiology and pathology—having shown that a knowledge of medicine and surgery (in which these sciences are included) is essential to *his* reputation and the safety of his patient, I shall proceed to prove that the other collateral branches of medicine are of much, if not of equal importance—that the only legitimate way of studying the art *is as a whole*, and that the chain by which all these necessary branches of knowledge are connected, must be rendered insufficient by the absence of any, even the most unimportant of its links.

Dental surgery may be considered as an offset of medicine, modified it is true, and requiring other and important additional qualifications; but still it is so interwoven and mixed up with that science that no one can practice the one, at least scientifically and successfully, who has not a liberal acquaintance with the other, for who can comprehend the superstructure, who is ignorant of the foundation, or reason on effects, if unacquainted with the causes from which they arise, or the different processes by which they may have been modified?

Possessed of this knowledge, the dentist is enabled to give breadth to his views—to assimilate the local to the general treatment, and take advantage of every resource afforded either by nature or art—while on the contrary, without it, his practice must be uncertain and empirical. He will have no real data to go upon, and if successful, it will be the result of chance, rather than the legitimate effect of scientific reasoning.

It is a curious fact that with some wise heads a profession ranks in dignity, in an inverse ratio, to its mental regularity: thus the *pure* surgeons consider everything but the use of the scalpel or amputating knife (in the employment of which, a butcher would, in all human probability, be infinitely more expert) as beneath their dignity, and a

knowledge of the collateral branches of medical science as supererogatory, if not absolutely disgraceful. In the same way the science of dental surgery has come to be considered, at least by some *intellectual* individuals, as an art *per se*, or as merely an *operative* one, while the fact directly the reverse is the case, and the scientific practitioner, who is armed at all points, will not only possess superior discrimination in the diagnosis of diseases, but infinitely more resources in combating them, will be able in many cases to overcome difficulties, ameliorate suffering, and *avoid* operations that would be inevitable in the hands of one less liberally educated.

While medicine, properly so called, teaches the value of the different symptoms and appearances of the various forms of disease, and enables us to distinguish the one from the other, *materia medica*, which simply means the *materials* of *medicine*, enables us, as far as that is concerned, to supply remedial measures. That these sciences are intimately blended and connected with each other, is so self-evident, that *materia medica* must be considered rather as a subordinate, though important branch of medicine, than as a distinct and separate science.

Of what use would it be for a physician gravely to tell his patient that his pain proceeded from gravel or inflammation, unless prepared with remedies to combat it? or *vice versa*, what would he gain by an intimate acquaintance with the properties and doses of every drug contained in the *materia medica*, or all the chemical remedies in the pharmacopœia to boot, unless his knowledge of medicine taught him in what cases they might be employed with advantage?

Thus, then, while anatomy teaches the different parts of the human body, and physiology their duties—while pathology points out their diseased actions, and organic changes, a combination by which we are able to discriminate sympathetic and symptomatic affections from structural diseases, *materia medica*, chemistry, and botany form the three links in the chain of remedies, and it is of vital importance to the dental practitioner that these links should be perfect.

I do not mean for one moment to assert that a man may not practice dental surgery; nay, that he may not gain a reputation, or, at all events, a fortune, without these acquirements: unfortunately, the converse of this is of too common occurrence, for the public are, generally speaking, more willing to patronize specious and showy pretension, rather than scientific desert—and the consequence is, that unless a practitioner have some more high and honorable feeling than the mere love of gain, or an avidity for meretricious praise; unless he be determined to sacrifice ease, comfort, and self-interest to his profession, and be content to rank rather as a scientific practitioner than a fashionable dentist, with all the pecuniary emolument thereunto belonging, he may be tempted to neglect all but the common and vulgar necessities of his profession, and seeing others *get on* with a small amount of knowledge, fancy that he may do the same, and that a liberal and general knowledge of medicine is, to say the least, unnecessary.

That a liberal acquaintance with *materia medica* is essential to the

scientific dentist, is indisputable. If he have only a contracted knowledge of the subject, he may, it is true, order an application to an unsound tooth, or prescribe a lotion for the mouth, but even putting out of the question what may be called general treatment—he will not, he cannot be able to select the best or most *appropriate* means, or employ them in a scientific or artistic manner; he may do as his *teacher* has instructed him, but he will not be able to practice with any reliance on his own judgment. Should he venture out of the beaten track, it will be with fear and trembling to himself, and uncertainty, if not danger to his patient. Like a friend of ours, who always added sweet spirits of nitre to a febrifuge mixture, because his master had done so before him. If an acquaintance with *materia medica* is essential to the dental practitioner, an acquaintance with chemistry is still more so; for as the former, generally speaking, refers to vegetable, or, as they are called, simple remedies, the latter involves those of a more complicated character, having, independently of these medical effects, peculiar and specific actions on each other, and although, in many cases, these actions are evidenced by visible and palpable changes, in others they are so obscure, that unless a practitioner be perfectly acquainted with them, he may, while prescribing what he imagines a judicious course, be merely giving what would be called, in vulgar phrase, chip in porridge.

There are scarcely two, of what may be called chemical medicines, that can be mixed without some change in one or both. Thus, magnesia, which is, in its simple state, an absorbent earth, has its action changed and reversed by the action of fire; while the addition of sulphuric acid forms the compound called epsom salts, and yet, *calcined* magnesia may be mixed with the acid, and the new compound formed, without any visible intimation of the changes. Again, preparations of quicksilver mixed with alkalies, undergo a change of color, and it is from this cause that the amalgams used for stopping the teeth, under the names of anodyne cement, &c. &c., so frequently blacken and discolor them.

Chemical remedies, generally speaking, have a more decided and concentrated action than those of a vegetable kind, which renders them at the same time more effective, if used with discretion, but at the same time more dangerous in the hands of ignorance and empiricism; for while they are more certain in their action, they are more liable to have that action interfered with and changed by admixture.

Thus, then, in the treatment of disease, whether dental or general, or a combination of both, it is necessary not only to ascertain what the disease is, but what remedies will counteract it, but to select those best adapted to the purpose; for though, under certain circumstances, we may be obliged to employ one remedy, we are bound, when we have the choice, to select the most appropriate, and this can only be done by a perfect acquaintance with *materia medica* and chemistry.

Take a case of poisoning, which, though unconnected, will illustrate my position. A person has taken sulphuric acid, magnesia will

neutralize and convert it into a purgative salt. If the carbonate of magnesia be employed, a considerable quantity of gas will be evolved in the stomach, producing distension and flatulence; while calcined magnesia will neutralize the acid without this inconvenience. Still, in a case of necessity, we should use the one in preference to waiting for the other. These cases, however, do not occur in dental practice, in which there is always time to select the remedy best adapted to the purpose.

RECORDS OF PRACTICE.

[COMMUNICATED.]

CASE 7.—The following history of the evils resulting from the practice, and counsels of those who do not fill teeth with any other material than gold, may be of some benefit to those whose minds are not fully settled in reference to the use of mineral paste for filling teeth, in cases where gold cannot be used, by reason of the peculiar condition of the tooth, and in the language of Dr. E. Parmly, "*there are many such*."

Mr. A—, a gentleman of Baltimore, informed me in August last that he had a tooth filled with mineral paste by a Dentist of that city, which he supposed was so far decayed as to be beyond the reach of any remedy. Previous to filling, the tooth had been painful, and the large and open cavity prevented his masticating upon the side where it was, for whenever the food was forced into the sensitive tooth, it gave him much suffering—therefore, all of the teeth on the side where the tooth was located were useless, and made so by this much diseased tooth, which could not be filled with gold. Mr. A. informed me that he was surprised to find that he could masticate upon the tooth the very next day after it was filled, without any inconvenience or pain, and the tooth remained in a perfectly healthy and useful condition for a period of three years, when he had occasion to consult another Dentist of the same city, about other teeth which had been attacked by disease. After a careful examination of his mouth, the Dentist informed him that he had a very dangerous material for a filling in one of his teeth, (referring to the one filled with mineral paste,) and unless he had it removed, it was liable to do him much injury. This statement very much alarmed him, for he had great confidence in the "*integrity*" and skill of his professional friend; therefore, he consented to have the filling, rather than the tooth, removed, because the Dentist gave him encouragement that he could refill it with gold. But, on removing the mineral paste, the Dentist found that he could not fill it with gold, therefore the cavity was left open, and Mr. A. subjected to the same annoyance and suffering as he was before the tooth was filled with mineral paste. The paste in this case had no unfavorable influences either upon the teeth or constitution, but it was very beneficial upon both, for it enabled Mr. A. thoroughly to masticate his food with ease and comfort, which prepared it for easy digestion, and which is the great antidote for disease, and the specific for health. Had the dentist who removed the paste from Mr. A.'s tooth prac-

ticed upon common-sense principles, he would never have removed the filling, for the evidence in this case was wholly in favor of the mineral paste. It was a tooth which had lost a large portion of its crown by disease, and an eminent gentleman in the profession had pronounced it past the golden remedy; and under these circumstances it had been filled with the mineral paste, and on the next day it was in a condition to be used without the least inconvenience. In this case a very doubtful tooth was so far restored to health as to be equally useful with a sound one for three years, and there was no evidence but that the tooth would continue thus healthy and useful for half a century or more; and yet the dentist permitted his prejudices to overrule a well-authenticated fact, and in doing so, ruined a valuable tooth.

New York, Oct. 20th, 1847.

J. S. WARE, M. D.

[COMMUNICATED.]

You are requested to state, that the case of an amalgam filling which was reported in your last number, was in the mouth of a respectable dentist from the western part of this State, who seldom uses the article in his own practice, and is as bitterly opposed to the indiscriminate use of it as any one can be. I examined this tooth with a small-pointed instrument all around the fillings, two of which extended below the gum for a considerable distance, and could discover no decay about them.

It is impossible to tell all that can be done in this wonderful age of the world, but I have never yet seen a tooth as much decayed as this was, and as little strength remaining in it to hold the filling, that had been preserved by either gold or tin so long as the amalgam has preserved this. It is still firm in its socket, and for all purposes of mastication as good as it ever was, notwithstanding *it has outlived its beauty*.

J. B.

FRIEND ALLEN,—I inclose an advertisement of the first Vice-President of your Society, (the American Society of Dental Surgeons,) and would at the same time call your attention to the resolutions offered by yourself, "which were unanimously adopted" by the society, and ask how they will assimilate. Yours truly,

J. R. M. C.

The following is the advertisement:

CAUTION.—Imperfect imitations of my ETHER INHALER having been manufactured and sold in this city, I have felt it a duty to myself and the public to put a stop to them by applying for a patent, in order to insure the full success of ether inhalation in surgical as well as medical cases. I, therefore, caution the public that all who will, hereafter, violate my rights, will be strictly dealt with according to law.

LEWIS ROPER, M. D.

We are surprised to see that Dr. Roper, who is known to us to be one of the most liberal men in our profession, and, if we mistake not, a graduate in medicine of the University of Pennsylvania, should resort to a patent to secure to himself any invention or improvement in the art of dental mechanism. Opposed as we are to both patents and secrets in our profession, as being illiberal and unprofessional, we cannot believe that Dr. Roper would resort to ether without what appeared to him a good and sufficient reason.—ED. RECORDER.

DECEMBER 1, 1847.

ARTIFICIAL TEETH ON THE PRINCIPLE OF ATMOSPHERIC PRESSURE.

We publish a communication from Dr. Porter, of Bridgeport, in another part of the present number, on a new method of constructing a vacuum in gold plates, designed to sustain artificial teeth in the mouth, upon the principle of atmospheric pressure, or suction.

The great wonder with almost every person is, that teeth can be worn in this way under any circumstances, but the utility and feasibility of the plan have long since been established, although there are some cases in which the difficulties are so great as to make it impossible for the dentist to overcome them so perfectly that the operation may fairly be considered successful. This is particularly the case when the alveolar ridge has been so much absorbed that the plate must be so flat as to partake but slightly, if any, of the cup form. In these cases there can be but little atmospheric pressure, because there is but little chance to form a vacuum between the plate and the gum, and without a partial vacuum there can be no suction. Plates well fitted to the jaw will often stay up, but it is owing more to the attraction of cohesion which exists between two well-adjusted surfaces, than to any atmospheric pressure. Two slabs of flat, well-polished marble, or two plates of glass when well ground together, will frequently cohere so firmly, that the lower one may be lifted by the upper. In these cases there can be no vacuum, and consequently no pressure of the atmosphere to keep the surfaces together, but the innumerable particles of matter which are brought in contact on the two surfaces have such a strong cohesive attraction for each other that they can with difficulty be separated.

In order that there may be a strong suction to keep an upper set of teeth firmly in its place, there should be a prominent alveolar process, so that the plate may pass high up above the level of the border of the process, over the roof of the mouth, as well as around the outside of the gums, and it will be found to adhere much firmer at the back part if the process is prominent at that place, and the plate well fitted, passing up as high as possible over and around the posterior part of the alveolar process.

When the alveolar process is of this prominent character, and the plate is well fitted, the edge setting as close as possible to the gums and roof of the mouth, the whole plate will form a cup, the depth of which will be in proportion to the prominence of the process. If the plate be now put upon the gums, and the air exhausted from the mouth, at the same time pressing it firmly up with the tongue, or by closing the teeth, it will be found, when the air is again admitted into the mouth, that the plate will adhere with a great degree of firmness. This is

caused by the pressure of the atmosphere upon the lower side of the plate, while it is removed by the suction from the upper side, the edges of the cup fitting so close as to prevent the air from passing in.

If, however, the alveolar process has been removed by absorption so that the edge forms almost a level plane with the palatine bones, and the roof of the mouth is nearly obliterated, the loose cellular substance connected with the upper lip will be found adhering to the jaw so low as to prevent the plate from passing over the front part of the process. This makes the plate so flat when fitted to the jaw as to destroy entirely the cup form. If an attempt be made to give it more of this form by bending up the edges, the pressure will then be so hard upon the gums directly under the edge as to produce severe inflammation in this part.

It is in cases of this kind that the dentist experiences the greatest trouble in fitting teeth so that they can be used in mastication; oftentimes he is completely foiled in his attempt, and obliged to abandon the operation, or construct a complete double set fitted with springs. There is also a great difference in different individuals, for while some acquire the power, almost immediately, of exhausting the air so that the plates will adhere with great firmness to the jaw, others, when all the circumstances are quite as favorable, can never succeed so well, and have great difficulty in keeping them in their place, particularly when eating. Those who have continued to wear them from the time when the alveolar process was prominent, will never experience such trouble with a new set, if the plate fits well when the jaw has become flattened.

To overcome the difficulty in cases of this kind, various methods of producing vacuum between the plate and the gums and the roof of the mouth have been contrived from time to time. A few years since, Dr. Riggs, of this city, advertised a patent method of constructing a double plate, so as to form a chamber between the two plates, with a row of holes in the inner one, opening directly on the edge of the alveolar process. The effect of this was, that when the air was exhausted from the chamber, and the plate placed on the gums, the pressure of the atmosphere being removed from that part of the inner plate where the holes were, and remaining on the opposite side of the outer plate, caused it to adhere with more firmness to the gums than a simple flat plate would do. This plan, though an improvement in theory, was found to possess impracticable difficulties when applied to the mouth. The pressure of the atmosphere being removed from that part of the gum over the holes in the plate, the air within the flesh at those points expanded and forced the gum through the holes into the chamber, forming small papilla on the gums, which often became inflamed and painful. Besides this, the chamber formed a receptacle for particles of food, which soon became offensive. For these, and other reasons which might be mentioned, the plan has been abandoned. Various other methods, on the principle of the double plate, have been tried, but have been found liable to similar objections.

The plan proposed by Dr. Porter, of making a simple chamber directly over the roof of the mouth, appears to answer the purpose designed (that of obtaining a partial vacuum), and not to be so obnoxious to the objections which exist against the others. The chamber is so superficial, that, being entirely open, it may be cleansed with a common brush as readily as any other part of the plate, and being on the hard part of the roof of the mouth, where the flesh is firm and thin, it may be worn a long time before the membrane will be forced into the chamber. It is always advisable to take it out at night, that the parts may be restored to healthy action, if any irritation has been produced by the suction during the day.

It has been said that Mr. Gilbert, of New Haven, Conn., who claims to be the inventor of this principle, of obtaining a vacuum in a single plate, has procured a patent, and forbids any dentists using it unless they purchase the right from him. Whether this is true we are not officially informed; but, if it be true, there is no probability that he can establish his exclusive right to the use of it. There is abundant evidence that the principle was applied for the same purpose, and in very nearly the same form and manner, long before it was thought of by Dr. Thompson, who, it appears, derived his first knowledge of it from Mr. Gilbert. The exact time of Mr. Gilbert's invention is unknown to us; but we are informed by a dentist who practices near Dr. Porter, that he knows of his using it more than two years and a half since, which is supposed to be before the time of Mr. Gilbert's invention. Dr. Riggs, of this city, also claims that he tried this principle several years since, and says that plates of this kind, made by him, are now in use. Dr. Elliot, of Montreal, told us last summer, that he saw exactly the same thing made by some dentist at the North, whose name we cannot now recollect, three years before.

In addition to the above testimony, Mr. Schaffer, a dentist in this city, states that a German mechanical dentist by the name of Francis Offerman, who was at work for Mons. Malan in 1842, showed him, at that time, a method of constructing a chamber similar to Mr. Gilbert's plan, and for which he paid him eight dollars. Offerman made the chamber by placing wax on the plaster casting. The outside of the wax, around the front and about as far back as the first molar tooth, was on a line corresponding with the backs of the teeth, and the posterior portion of the wax shaved gradually away down to the casting. This was moulded in sand for the metallic casting, and the plate struck over the prominence made by the wax. By this means a chamber was made in the plate, of the form of a crescent, with a jog in each side to accommodate the extra thickness of the bicusps. The chamber around the outside was about as deep as the thickness of an American quarter of a dollar, and became gradually thinner until it was entirely lost by the plate coming down to the roof of the mouth, about three eighths or half an inch from the front part of the chamber. When the plate was finished and the teeth mounted upon it, the chamber did not show itself when viewed upon the lower side. In difficult

cases, Offerman recommended that a small round chamber be made within the crescentic one, and directly over the roof of the mouth. This is exactly the plan claimed by Mr. Gilbert.

Mr. Schaffer further says, that, at the time, he constructed several plates upon this plan, and found that when first put into the mouth they adhered to the gums with great firmness; but in a few months the chamber became filled with the gums forced in by the suction. We have tried Mr. Gilbert's plan as explained to us by Dr. Thompson, some time last spring, in three cases. One was where four of the front teeth remained, and the other two were temporary plates put into the mouth a few days after all the remaining fangs had been extracted. The first case did not appear to be much better for the chamber, although it stays up very well; but in one of the latter cases, where it was applied to a temporary set, it proved to be of great utility. Generally, when a plate is fitted immediately after extracting teeth and fangs, it becomes loose in a few weeks by the gradual shrinking of the gums from the front part of the plate: it must then be bent up to the receding gums to make it as tight as possible, or it will be constantly loose and moving about in the mouth. In the above case, however, the plate has never been touched since the day it was first put into the mouth (on the 21st of July), and notwithstanding there is an open space of nearly an eighth of an inch between the plate and the gum, all around the front of the mouth, the plate adheres with such tenacity as to require a strong effort of the fingers to detach it. The gum under the chamber shows no signs of a fungus, but is apparently as healthy as it ever was. In cases of this kind when the plate is intended to be merely temporary, a vacuum formed in this way will be of great assistance in keeping the plate firm while the gums are healing; but we are not willing to run the risk of fitting plates in this way, which are intended to be worn permanently, lest it may cause disease in the gum, which may compel us to do our work over again. A few years' time is required to test the value of any improvement in Mechanical Dentistry; and to those who are not afraid of infringing upon the rights of others, we would say try the experiment, and report to the Dental Recorder the success attending it.

SOCIETY OF DENTAL SURGEONS OF THE STATE OF NEW YORK.

At a meeting of about forty of the Dentists of the city of New York and vicinity, on the evening of the 30th of October, Dr. D. C. Ambler, of St. Lawrence Co., was appointed Chairman pro tem., and Dr. C. C. Allen, of New York City, Secretary.

On the meeting being called to order, it was addressed by several gentlemen present upon the importance of association and mutual effort for the improvement and elevation of the profession, and the advancement of the science of Dental Surgery. The following resolutions were then adopted by the meeting:

Resolved, That in the opinion of this meeting it is expedient to form a Dental Society of the State of New York.

Resolved, That a committee of seven be appointed to call together a Convention of all the Dental Surgeons in the State of New York, on the 17th day of November, 1847, to organize such a Society as they shall think best calculated to promote the success and usefulness of the profession.

The committee was then appointed, and consisted of M. K. Bridges, J. Lovejoy, C. C. Allen, H. Burdell, E. Baker, C. D. Brown, and T. H. Burras.

It was then resolved that a committee of six be appointed to draft a constitution to be submitted to the Convention. That committee consisted of F. H. Clark, C. C. Allen, E. Baker, J. Lovejoy, G. E. Hawes, and J. G. Ambler. The meeting then adjourned.

In accordance with the above call, between forty and fifty Dental Surgeons, most of whom were residents of the city and State of New York, met on the 17th of November, at the College of Physicians and Surgeons, and organized themselves into a Convention by the appointment of the following officers: E. Blake, *President*; L. Coville, G. E. Hawes, J. Lovejoy, and George Clay, *Vice Presidents*; A. McElroy, J. G. Ambler, and Edward Ing, *Secretaries*; B. Lord, C. D. Brown, H. F. Smith, and W. Roberts, *Committee on Credentials of Members*.

It was resolved that a committee be appointed to present a constitution for a State Society of Dental Surgeons. The following committee was then appointed by the Convention: J. B. Rich, F. H. Clark, M. K. Bridges, A. McElroy, and H. D. Hall.

A resolution was passed admitting Messrs. Colburn and Greene, from New Jersey, as members of this Convention. Letters were then read from Messrs. Palmer, of Poughkeepsie, Rice, of Canova, and Fine, of Goshen, Austin, of Albany, Parmelee, of Norwich, and Chidsey of Rochester. On motion these letters were received.

The Convention then adjourned, to meet again at 7 o'clock, P. M., at the same place. At 7 o'clock the Convention reassembled, Mr. S. Covell in the chair. On motion, it was *Resolved*, That the committee on constitution report. The report of Committee being read by Dr. Rich, it was resolved that it be accepted. It was then resolved that the constitution be taken up article by article, and discussed by the Convention with a view to its adoption.

During the evening session the first six articles of the Constitution were adopted, when the evening Convention adjourned, to meet at the same place on the following evening at 7 o'clock.

Thursday, Nov. 18, the Convention assembled at the same place at 7, P. M., L. Covell in the chair, and proceeded with the unfinished business of the meeting, which was the discussion and adoption of a constitution for a State Society of Dental Surgeons. There was great unanimity among the members upon most of the articles reported by the committee, but upon a few of them a difference of opinion was manifested.

The first which elicited much discussion was Sect. 2, of Art. III., a part of the members insisting upon an initiation fee of ten dollars instead of five, which was finally fixed upon by the Convention. The next which drew out a difference of opinion was Sect. 1, of Art. IV. Some members present contended that in order to make the Society respectable and useful, a test of qualification should be specified in the constitution, such as an examination, or that the candidate should be recommended and vouched for by a certain number of members, or he should have studied and practiced for a specified term of years—At any rate some qualification which should secure the Society against the admission of improper members. On the other hand, it was argued that in the formation of a Society members must be taken from the profession, as it now exists. That, as the public had no test of qualifications, but must judge of them by the operations of each individual Dentist whom they chose to employ; that as many unskilful Dentists, from the fact of so little professional intercourse existing between members of the profession, were not aware of the inferiority of their own operations; that many, if they were convinced of their own want of knowledge and skill, could not, with their families dependent upon them for support, leave their business to attend at Dental colleges, or enter as students in the offices of their superiors; and that as but few would submit to the mortification of confessing their own ignorance, if they were convinced of it—it had become necessary to devise some plan which would unite the mass of the practicing Dentists, in their present condition, for mutual improvement, and to enable the profession to establish some standard of professional qualification for such as shall come into it hereafter. Some asserted that they had no idea of becoming schoolmasters of Dentistry, and to such it was suggested that they might with great propriety become pupils. The article was finally adopted as reported, which left the matter so that any Dental Surgeon then in practice, by paying the initiation fee and one year's dues, could become a member at the organization of the Society. The By-Laws will be made to specify the mode of admission hereafter.

The next discussion arose upon the granting of *diplomas*, and this, after a warm debate, was decided in the negative. The second section of Art. IX. giving this power to the Society, although amended so as to make an examination of the applicant necessary, before conferring the diploma, was rejected. On the whole, we do not regret it, as a society of this kind had better not recommend too highly any of its members; a simple certificate of membership is all that is necessary.

The last article adopted was amended so as to prevent any hasty and precipitate tinkering of the constitution. The vote was then taken on the whole as amended, and it was adopted unanimously. The Convention then adjourned, to meet at the same place on Monday, Nov. 22d, at 7 o'clock, P. M., to organize a Society under the Constitution just adopted.

Monday, Nov. 22.—On the assembling of the Convention it was resolved that the Convention now proceed to vote upon such as propose themselves, or were proposed as members of the Society about to be organized. The names of sixty Dentists were then proposed and accepted, by a vote taken separately on each by the Convention. The Convention then adjourned *sine die*.

The "Society of Dental Surgeons of the State of New York" then organized by the members (thirty-five in number) signing the constitution and paying their first year's assessment in advance. The members then made choice of L. Covell, President, pro tem.; J. G. Ambler, Secretary, pro tem.; and George E. Hawes, Treasurer, pro tem. Committees were then appointed to draft by-laws and rules of order, and to make inquiries respecting procuring a room for the use of the Society. Adjourned to first Tuesday in December.

The Principles and Practice of Dental Surgery. By CHAPIN A. HARRIS, M. D., D. D. S. *Third Edition, revised, modified, and greatly enlarged.* Philadelphia: Lindsay & Blackiston.

The name of Dr. Harris is too well known among Dental Surgeons to need any commendation from our pen. In 1839, if we remember rightly, Dr. Harris published the first edition of this work, under the title of "The Dental Art, a Practical Treatise on Dental Surgery." Two years since another edition was called for, and the author added to the first a concise and full anatomical description of all the parts connected with the science of Dental Surgery. This was an important and useful addition to the work, which put into the hand of the dentist the fundamental principles of the science which he professes to practice, and changed the character of the work, as well as the title, from a practical treatise, to *principles and practice*.

The second edition having been exhausted, the third has made its appearance in the work now before us, and as Dr. Harris ranks among the progressives, we find the present edition much enlarged and improved by many practical details, illustrations, and improvements not contained in either of the former editions. Eighty new engravings have been added, and an entire new part devoted to the diseases and defects of the palatine organs.

As the former editions of this book are known to most, if not all of our readers, we do not think it necessary to give a description of the general plan or details of the work. The greatest fault, for no book is perfect, which we recollect in the former editions, was a want of sufficiently minute descriptions of the instruments used, and the *modus operandi* of those instruments, particularly in the surgical department. A student who would submit to the operation of having one of his own teeth filled, while he carefully observed the instruments used and questioned the operator about his method of preparing the cavity, and folding and packing the gold, would derive more useful practical information than can be obtained from a careful perusal of the whole chapter upon the treatment of caries. In this particular, the present edition is somewhat improved, although still faulty. The chapter on extraction of teeth is more full and explicit in its description of the mode of operation, containing engravings representing the most approved kinds of forceps, elevators, &c. But by far the most perfect part of the book, in this respect, is that devoted to mechanical dentistry, every step in which is so fully illustrated by engravings, "that the wayfaring man, though a fool, cannot err," at least so far as theory is concerned. Only one thing is needed to make this part of the work as perfect as the present state of the art will admit of,

and this is a good treatise on the manufacture of the porcelain teeth, a subject of much greater importance to the practicing dentist, in our humble judgment, than the art of refining and plating gold, making solder, &c.

The last part of the book, containing about fifty pages, is wholly new, and has not been published in either of the former editions. It is devoted to the diseases and defects of the palatine organs, a subject of vast importance to the dentist who is determined thoroughly to understand every branch of his profession. We recommend this part of the work to the attention of all the ingenious and persevering in the profession. It is a branch in which the greatest triumphs of the dental art are yet to be achieved. As yet it is in its infancy, but the recent success of Mr. Stearns, an eminent surgeon of London, in restoring the voice to persons who were destitute of the *velum pendulum palati*, or other soft parts upon which the proper articulation of language depends, is encouraging to all those who have ingenuity and perseverance, without which no one can succeed out of the beaten path.

We recommend this work of Dr. Harris on the whole, as the best which has been issued from the American press.

THE DENTAL NEWS LETTER is the title of a quarterly periodical of the Tom Thumb proportions, we mean physically of course, for as it is published by the well-known firm of Jones, White & Co., its contents need no commendation from our pen. It contains several articles of general interest to the profession, and an advertisement of the various improved articles for sale in their extensive Dental Depots in New York and Philadelphia.

TO CORRESPONDENTS.

Our correspondent who finds fault with the articles in the Recorder upon amalgam is referred to the fable of the "Old man, his son and his ass." We do not expect to be fortunate enough to please all who read the Recorder, but if our correspondent will furnish an article against amalgam as fairly written as those which have appeared in its favor, we shall publish it with pleasure.

We know of no way to discover truth but by free investigation and discussion; if there is a better way we should be glad to learn it.

"F. H. C." and "J. C. A." will see that a State Convention of Dentists has been held to carry out the objects suggested in their communications.

ERRATA.—In spite of all our care, errors will occasionally escape our eye in the reading of proofs, or the eye of the printer in correcting them. In the article on Nitrous Oxide in our first No. the reader is requested to read Dr. Jackson for Johnson; also in the one on Amalgam Controversy, for Craucows, read Crawcours, and for Molans, read Malans. In the second No. for Westcoot, read Westcott. The name of J. H. Blaisdell should also have been put to the article on the Administration of Ether.

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ON CARIES OF THE TEETH.

By JOHN TOMES, Esq., *Middlesex Hospital.*

Treatment of Superficial Caries.—If the disease is of very small extent, and indicated by slight discoloration of enamel, and if on examination by a small steel probe, it is found to be superficial, it will be sufficient, whatever the situation, to remove the affected part by a sculper, or file, and afterwards to well polish the exposed dentine; at the same time directing your patient to keep the surface polished, otherwise the exposed tissue will soon be decomposed by the saliva, should it chance to be acid. It is no uncommon thing to find that many teeth are attacked at the same time; on enquiring, you will generally hear that your patient has acid saliva from indigestion, or has been taking medicine containing mineral acid. In either case it will be well for the patient to use an alkaline dentifrice, and in the latter to rinse the mouth with a weak solution of carbonate of soda, after each dose of acid medicine.

On attempting to remove the carious portion, however superficial and small in extent it may be, the tooth will sometimes be so tender that the operation cannot be borne; the slightest touch of the instrument is attended with intolerable pain. Whenever this is the case, the operation should be postponed till the sensitiveness of the affected part is reduced. The most ready means of effecting this is, by rubbing powdered nitrate of silver or any other escharotic, on the sensitive part with the end of a piece of whalebone, or cane. Chloride of zinc is perhaps the best application, as the effect is speedy, and the tooth will not be discolored. The operation may then be proceeded with, and should the surface again become tender before the completion, the escharotic must again be applied. A prolonged application of camphorated spirits of wine, will sometimes subdue the sensitiveness; but when the disease has attacked the exposed neck of the tooth, commencing on the surface of the cementum—a situation in which we find extreme tenderness more frequently than in any other—the camphorated spirits is difficult of continued application.

But if, instead of finding the disease superficial on examination, the

probe sinks to some little depth in the tooth, indicating thereby that to that depth the dentine is deprived of its earthy ingredients, then we must have recourse to the operation of plugging. The softened dentine must be removed by conveniently shaped steel instruments. The whole of the softened tissue being removed, the cavity must be wiped dry, and then carefully filled with some substance which will resist the action of the constituents of the saliva, and will be sufficiently hard to resist injury in mastication. Metals are the only substances found to combine these qualities. Gold, platina, tin or lead reduced to thin foil and packed tightly in the cavity forms an efficient plug; gold being the most valuable, the others following in the order in which they are placed.

¶ *An amalgam of palladium or silver may be used with advantage in cases where the cavity is so situated that it becomes inconvenient to pack densely gold or other foil.* ¶ A plug is effective only so long as it perfectly excludes all extraneous matter from the cavity; thence it follows, that in order to fill a cavity with metal foil, considerable compressive force must be used. It will at once therefore be perceived that should the caries have so far extended as to have reached the pulp cavity—though by careful management, the softened dentine might be removed—yet the patient would be quite unable to bear pressure unless considerable precaution be used, even in the most favorable case; and when the surface of the pulp exposed is considerable, the operation could not be borne, and if borne, would produce inflammation of the pulp.

In many cases, however, your patient will not apply for relief until the disease has not only progressed to the pulp cavity, but the softened dentine removed so as to make a communication between the pulp cavity and the various matter taken into the mouth. In this case the pulp will be more or less diseased. The exposed surface may be inflamed, and throw off a discharge, or it may have receded partially or wholly from the pulp cavity, leaving the vacated space to be occupied by extraneous matter. So that it is of considerable practical importance to learn whether the pulp has been exposed by the removal of softened dentine during the operation, or whether it has been previously exposed. In the one case, plugging, if so managed as not to produce pressure on the nerve, may be successful; in the other, it will, if performed, be followed by ill consequences, as the discharge from the pulp will be confined and the usual distressing symptoms, indicating puss confined in an unyielding cavity, will result. It is a very good practical rule, if, in removing the softened dentine, or in passing a probe in the cavity, pain is felt, but only so long as the instrument remains in contact with the tooth, to proceed to plug the cavity; but, if the pain continues after withdrawing the instrument, to postpone plugging and resort to some means to restore the pulp to a healthy condition, or to produce its destruction; for the continuance of the pain is a tolerable sure sign that the pulp is more or less involved in disease, and if the tooth be immediately plugged, that inflammation will su-

pervene.—BRAITHWAITE'S RETROSPECT, *from the Med. Gaz. Feb. 26, 1847, p. 357.*

"What will Mrs. Grundy say" to this—Mr. Tomes is the very distinguished lecturer on Dental Physiology and Surgery at the Middlesex Hospital School in London, and an honorary member of the United States Society of Dental Surgeons, and has, together with his confreres in Europe, made all the late minute and important discoveries in the anatomy and physiology of the teeth and the parts connected with them, and which has led and will continue to lead to important improvements in their treatment. His Lectures are now republishing in the American Journal of Dental Science, in which Professor Harris says—"We commenced the publication of a course of lectures delivered by Mr. Tomes, an *eminent* English Dentist, before the Middlesex Hospital, upon the Anatomy, Physiology and Pathology of the Teeth. We have resumed their publication in the present number, (October, 1847,) and shall continue them in our next. These lectures are ably written, and will be read, we doubt not, with interest by the subscribers of the Journal. They contain a vast amount of valuable information upon the subject upon which they treat."

Mr. Tomes is of the opinion together as Dr. Brewster says, with "all the principle dentists of Europe," (with the exception perhaps of Mr. Kœcker, who is known to be very crotchety,) that amalgam is a proper and suitable article for filling teeth, under *certain* circumstances—the same conclusion that dentists in this country have arrived at, who have made a fair and unprejudiced trial of it, and who *dare* think and *act* for themselves.

All the most eminent dentists of Europe as far as they were known, have from time to time, without their knowledge or consent, of course, been elected honorary members of the American Society, &c. This same Society have, in their wisdom as they supposed, but really in their ignorance and folly, declared the use of an amalgam for filling teeth under *any* circumstances whatever, to be "unfit and dangerous! and mal-practice!" and have ended in expelling those members who differed with them in opinion and who were determined to exercise their own rights and dictates of duty, and each one can say with the noble Roman,

"More true joy, Marcellus exiled feels,
Than Cæsar with a senate at his heels."*

But to return to the honorary members, after they "*Resolved*" to consider Dr. Brewster of Paris, as no longer an honorary member "of the American Society of Dental Surgeons," they "*Resolved* that the Corresponding Secretary, address communications to the honorary members of this society, requesting them to inform the Society *definitely*, what are their views respecting the employment of amalgam for stopping teeth, and if now using it, their intentions with regard to its farther use in their practice!"—intimating by this; that if they persisted in using it against their "*mandate*," (this is, the favorite word,)

*A most amusing parody could be made with those lines.

they should be Brewsterized. Now here is insult added to folly ; and what a "pretty figure the Society cuts" in directing their erudite corresponding Secretary, to catechise such men as Cartwright, Nasmith, Tomes and others, concerning their practice ! and requesting "*definite*" answers ! Whatever the Society may do with Mr. Tomes, it is to be hoped professor Harris will continue to publish his lectures.

LETTER FROM DR. E. PARMLY.

C. C. ALLEN, M. D.,—Dear Sir,—I feel greatly obliged to you for the privilege you have kindly granted me of correcting some errors that have appeared in the Dental Recorder, in reference to myself, involving as they do personal truth and personal character. As the first article in which I am particularly introduced to the readers of that Journal, occurs in the June Number of 1847, I will confine my remarks in the present communication chiefly to the article which is headed "*Truth, versus Parmly.*" The paragraph which first claims attention is a resolution passed by a conventional meeting of Dentists in New York, who use in their practice mineral paste for stopping teeth, at which E. Baker was appointed chairman, and A. C. Castle secretary. The resolution is as follows :—

"Resolved that the cause of Dental Science, and our standing as professional men, demand a rigid examination and exposure of the calumnious charges made by Mr. E. Parmly against all who have adopted the *established practice* of filling with amalgam, teeth which cannot otherwise be preserved."

That the assertions contained in the above resolution are true, I unequivocally deny, inasmuch as I never made calumnious charges against any man or set of men, for adopting "*the established practice of filling with amalgam, teeth, which cannot otherwise be preserved,*" as no such *established practice* exists. I have never known any one to follow such practice, and have never seen a tooth filled with amalgam for the purpose of preserving it, that could not have been better filled with something else ; and so far from any representations of mine, being calumnious towards any part of the profession, I have, in the conscientious endeavour to put the public on their guard against tolerating a practice which I know to be productive of the worst results, and the profession from adopting a system which indiscriminately followed can only eventuate to the prejudice of its votaries, been assailed on all hands by the most ungentlemanly, virulent and personal abuse, contained in anonymous letters and other communications from those interested in its adoption.

The secretary of the above meeting had previously told the public that he had "*filled 15000 teeth with this amalgam.*" Now I will ask you or any other intelligent dentist, to answer on behalf of the members of that meeting if you really believe there were no teeth among the 15000, that could have been "*otherwise preserved.*" It is the practice of using amalgam in teeth, when gold, *an infinitely superior article*, can be successfully employed, that I have so strenuously opposed and condemned ; and from a conviction of the hurtful tendency

of the practice, *in all cases*, I have been free to express my opinion regarding the total want of truth and common honesty among those who thus deceive their patients by representing amalgam as being *superior to gold*, and who indiscriminately use it both in front and back teeth. To prove that such practice obtains with a certain class of Dentists, I am prepared to produce and establish instances where good gold stoppings have been taken out, and the cavities thus made vacant, filled with amalgam, for which five dollars each stopping was charged and paid.

The next resolution is as follows :—

Resolved, That in order to put the public in possession of the facts of the case, a disinterested and competent medical man be sent to Springfield, the residence of the late Mr. Ames, and there institute all inquiries, necessary to elicit **THE WHOLE TRUTH**, as to the correctness or *falsity* of Mr. E. Parmly's statement.

Doctor James A. Houston, formerly editor of the New York Lancet, was accordingly employed to go to Springfield, in order to make the necessary inquiries, and on his return, he made to the meeting of Dentists aforesaid, a report which is as follows.

FIRST PART OF REPORT.

"On arriving at Springfield, I called on Doctor J. Perkins, one of the most distinguished dentists in that part of the country, and stated that I was desirous of obtaining some authentic information, with regard to the case of the late Mr. Ames, which has been made the subject of several newspaper articles in the City of New York. Doctor Perkins replied in a frank and courteous manner, and communicated to me the important and interesting fact, that some time after Mr. Ames' return from Paris, he (Dr. P.) filled several teeth of a sister of Mr. Ames, with the amalgam of quicksilver and silver, and that he stated to Mr. Ames and the lady the materials of which the amalgam was composed. The Doctor asked Mr. Ames if he had any objections to the operation? Mr. Ames replied that he had no objections in the world to that amalgam, and that it was altogether different from the filling which had been placed in his teeth while in Paris. "Am I to understand, then?" I asked, "that Mr. Ames sanctioned the use of amalgam in his sister's case, having a full knowledge of the materials of which it was composed?" "Certainly," replied the Doctor, "The amalgam was placed in his sister's teeth with his full approbation, and there it remains to this day, with the most satisfactory result."

I hereby affirm that the above does not contain one word of truth from the beginning to the end; the lady spoken of, never had a tooth filled with amalgam by any one, and Mr. Ames, had no teeth filled while in Paris; it has been said in order to screen Mr. Perkins from willful misrepresentations, that he was probably not acquainted with Mr. Ames, and his sister, and had mistaken some other person for them, but this is not the case. Mr. Perkins, was perfectly well acquainted with Mr. A., having been for a long time employed by that gentleman as an operative in one of his factories, previous to his becoming an amalgam dentist—and this gross departure from truth, made and published to my prejudice, does not speak well either for his professional or moral honesty.

Doctor Houston proceeds,

"Having ascertained that Mr. Ames had been under the care of Dr. Bemis of Cabotville, I drove out to that gentleman's elegant cottage, and was fortunate enough to find him at home. The Doctor has stood at the head of his profession in this section of New England for the last twenty years. He was the medical attendant of the late Mr. Ames for five or six years."

Dr. Bemis, was neither the medical attendant of Mr. Ames, at the time his illness is alleged to have taken place, nor at the time of his death, and Dr. B., stated to me repeatedly that he knew nothing of the causes which produced Mr. Ames' illness while in Europe.

CONCLUSION OF REPORT.

"Dr. Bemis gave me a full and instructive account of the case, of which I made notes, and which would prove interesting only to the medical profession. The immediate object of my inquiry does not require that I should here give more than the simple statement of Dr. Bemis, that the incident of the filling of Mr. Ames' teeth, and his alleged swallowing of the material inserted, had never been allowed the least weight in the diagnosis, prognosis or treatment of the case, either by himself or his associate, Dr. Flint. As to the idea that Mr. Ames had been injured by swallowing an amalgam of quicksilver and silver, Dr. Bemis remarked that it was too ridiculous to be entertained for a moment. Dr. Bemis suggested that in all probability a Parisian quack had inserted an arsenical filling in Mr. Ames' teeth, which might have occasioned the distress and annoyance of which he complained. When I mentioned that the public of New York had been told that the amalgam of silver and quicksilver was poisonous, Dr. Bemis exclaimed, "What! have you no educated Physicians and Chemists? how then can such statements gain credence."

In relation to the full and instructive account of the case, alleged by Dr. Houston, to have been received by him from Dr. Bemis, it will be at once perceived that the account could not have been very full or very complete. Dr. B., not having seen Mr. A., for nearly one year after the operations were performed on his teeth in London, of which he said he never heard, and for six or eight months previous to his death, had neither attended nor did he once see him. Again, Doctor Bemis could not have given a stronger proof that he knew nothing of the facts of the case, than by suggesting, that he might have had his teeth filled with some arsenical filling, which caused his distress, by some "*Parisian Quack*." It would have been strange indeed if he had allowed the least weight to a circumstance that he knew not had happened until after the death of Mr. Ames, the fact of his having teeth filled with mercury and silver, and afterwards swallowing it.

In answer to Dr. Bemis' exclamation and question, having reference to educated chemists, I reply in the affirmative, and am happy in being able to produce the testimony of Dr. J. R. Chilton, one of the ablest chemists that New York or the country at large has produced, and who has from a careful and patient chemical investigation of more than two months, established all I have said of amalgam, and declared it to be a substance capable of being acted upon by the agencies in the mouth, to such a degree as to form the oxide and sulphuret of mercury, (both of which when taken into the system will produce the specific action of mercury,) as well as the sulphuret of silver, and oxide of copper, when the mercury is combined with the filings of ordinary silver coin.

The report of Dr. Houston, having been read to the meeting, it was "Resolved, That it be published in the city newspapers without a word of comment, leaving the public to pronounce the verdict. In the present communication I only ask the further indulgence of publishing an extract from Mr. Ames' own letter, "*without a word of comment*," leaving your readers to "*pronounce the verdict*."

EXTRACT FROM MR. AMES' LETTER.

"I have been very much troubled with my teeth, and for a few days the same cause has affected my whole system. About the first of July, I placed myself in the hands of a dentist in London, and had several teeth filled with a new fashioned mineral paste that was highly recommended. Several days after, I found a piece of the paste loose in my mouth, and on examination found it to be nearly all quicksilver. I felt no immediate bad effects, but as the wet and cold weather came on, which commenced in August, I was much affected by the cold, and on my arrival here, being quite out of health, was told by my physician that I was thoroughly salivated, and without any doubt from the cement in my teeth. He said he would not pronounce on the case so quick, if I were the first that had come to his knowledge from the same cause, but that I was not. My lower teeth have nearly all become loose, and there is much probability that I shall loose them all before long. I have suffered severely night and day, although able most of the time to travel. I am now in good American hands, and recovering rapidly. What leads me more fully to the belief that the cause of my situation is mercury, and proceeding from my teeth, is, that one fourth of what was put into one tooth, and which I took loose from my mouth, was sufficient to quick (whiten) a penny completely. I had then probably swallowed the remainder from that tooth, and from several others."

MEURICE'S HOTEL, PARIS, October 10, 1840.

I would further ask, as an act of justice, to have the privilege still granted me of correcting such misrepresentations and misstatements as have been made in other articles published in the "Recorder," and if a single sentence or word can be found in anything I may write or have written, that has the appearance of not being strictly true, I will on its being pointed out, immediately correct it, and shall esteem it a high favor to be permitted so to do. As there are many readers of the "Recorder" whom I highly respect, and others whose good opinion and friendship I value I wish them to be made acquainted with the facts as they really exist, and in doing so I shall advance nothing but what I can substantiate by proofs, to yourself privately, or in the pages of your Journal.

With high respect and regard, I am truly yours,

E. PARMLY.

THE TEETH A TEST OF AGE.

BY EDWIN SAUNDERS, *Surgeon Dentist to St. Thomas' Hospital.*

In the June number of the American Journal of Dental Science, we find republished an interesting paper upon this subject, and the results of an investigation which was made by the author with a view to discover the best and most accurate test of age, to prevent frauds upon the law regulating the hours of labor in the factories, and the ages of children employed in them. The writer thus explains the origin of this inquiry.

"The interesting inquiry on which the following observations are founded, originated in an application to several members of that department of the medical profession to whom the care of those organs more especially belongs, in the number of whom the writer had the honor to be included, requesting an opinion upon the practicability of ascertaining the age of children, from seven to fourteen years, inclusive, by the teeth.

The suggestion is due to a passage in one of Mr. Horner's letters,*

* See "Evils of the Factory System," by C. Wing, Esq.

in which, after considering the various plans which have been from time to time proposed for removing the practical difficulties in the application of the law, arising from the absence of any certain criterion of age, he observes; "Some surgeons have laid great stress upon the development of the teeth, as a safe guide; and if the object were the ascertaining of the *actual age* of the child, such a test would, perhaps, be less liable to error than that of height, but as an evidence of bodily strength it is obviously not to be depended upon."

The legislative enactments provide that the hours of labor for children under thirteen years of age, shall be restricted to eight hours a day, and of young persons under eighteen, to sixty-nine hours per week; there is also a provision for education. We believe there is also a provision in the law that no child shall be employed in the factories under nine years of age. Previous to the investigations of Mr. Saunders and others upon this subject, the height of the children had been regarded as the surest criterion of their age. Experience however proved the fallacy of relying wholly upon this, even when assisted by the general appearance of the child. Every species of deception which could be devised was practiced upon the inspectors, by needy and avaricious parents, in order to procure the certificate necessary to admit their children into the factories. In reference to these deceptions, the writer says; "an elder child was often substituted for a younger."

"Thus, Sarah being thirteen years of age, would apply for a certificate under the name of a younger sister, Jane, perhaps of ten only, which she would readily obtain for her use. And when the fraud by substitution failed, the dress, and every artificial aid that could be resorted to, were so arranged as to impart a more mature appearance to the child than its years justified. These and similar deceptions were now to be provided against, by ascertaining the height, and making subsequent examinations to compare their certified with their actual stature, and thus determine their identity. The resources of the ingenuity and invention of the parents, however, stimulated as they were by their necessitous condition and the desire of gain, were not yet exhausted; and an expedient was actually devised and adopted by which the *height* of the children should be increased. Mr. Wing observes, "I have recently received a communication from a most respectable authority, and to which I can at any time refer, as to a piece of most deceptive sagacity having been lately displayed by parents in cramming cotton into the stockings of their children, so that a fictitious height of an inch or an inch and a quarter has been obtained." But, apart from these instances of deception, a sufficiently grave objection to the employment of a test, admitting confessedly of so much variation as that of the height of children from eight to fourteen years inclusive, presents itself in the severity, and even cruelty, with which it would operate upon those who may have shot up into a rapid growth about the required age, and who would thus be included in the extended hours of labor at a time when, so far from

being capable of increased exertion, they would require additional rest and indulgence."

Upon the importance of ascertaining a more perfect test, Mr. Saunders says :—

"Under such principles of administration, it is clear, that any act of legislation, however well it may be adapted to the necessities of the case, must be, to a great extent, neutralized, and must fall short of the object it was designed to accomplish.* Yet such is the state of things at the present time, and with the ample experience before us of the constant frustration of previous legislative enactments, principally from this practical difficulty in their application, and having at the same time convincing evidence of the test hitherto employed, it becomes a consideration of the first moment, in the framing of any new measure upon the subject, to ascertain how far, or with what degree of accuracy, the age may be ascertained; and what are the means for its discovery, which shall be at the same time the most accessible and the least liable to fallacy.

Such a criterion, it is believed, will be found in the development of the teeth; and it would appear the more surprising that this subject should long since have been thoroughly investigated, were it not for the known neglect of this interesting branch of study by the medical profession generally, and the culpable dearth of information respecting it in a vast majority of the medical schools. An acquaintance with the manner of their production, their structure, and the mode and order of their eruption, would certainly not discourage the suggestion; on the contrary their great density of structure, unique and nearly independent mode of formation, together with their almost total want of sympathy with those constitutional changes and variations in the health in which the more highly organized structures partake, would induce the expectation of a greater uniformity of development of the teeth than of any other parts of the frame. And the idea would receive additional confirmation from the well-known fact, that, amongst the lower animals, by common consent, it is regarded as the most certain and constant of all proofs on the subject that can be obtained; it is, therefore, not unreasonable to suppose, that, making adequate deductions on account of the interruptions to normality of development which a more artificial mode of existence opposes, the same regularity would obtain in the human species."

According to Mr. Saunders, the following are the ages at which the teeth of the second set successively make their appearance.

	Years.
First molar, or large grinder,	7
Central incisor, or front tooth,	8
Lateral incisor,	9

* M. Quetelet observes: "To show how little advancement has been made in the study of the progressive development of the human frame, if it were required to establish the age of an individual by the combined consideration of his physical qualities, we should not be able to find any scientific rules to guide our determination, but should be obliged to have recourse to the most unsatisfactory empiricism."—See *Evils of the Factory System*.

	Years
First bicuspid, or small grinder,	10
Second bicuspid,	11
Cuspidatus, or eye tooth,	12 12 1-2
Second molar, or large grinder,	12 1-2 14

The second set of teeth, then, consisting of four classes—incisor, canine or cuspid, bicuspid, and molar, being developed in the order stated above, the mouth will present the following appearances during the entire process :—

AGE.	Incisor.		Cuspid.	Bicuspid.		Molar.	
	Central.	Lateral.		Anterior.	Posterior.	Anterior.	Posterior.
Seven years,	-	-				4	
Eight,	-	-	4			4	
Nine,	-	-	4	4		4	
Ten,	-	-	4	4		4	
Eleven,	-	-	4	4	4	4	
Twelve to twelve and a half,	4	4	4	4	4	4	
Twelve and a half to fourteen,	4	4	4	4	4	4	4

This second or permanent set, then, contains an additional eight teeth, making in all twenty-eight. They differ, however, so greatly, from those of the first or temporary set, both in size and configuration, that no confusion is likely to arise in determining during any stage of the process, to which they belong.

A remarkable instance recently occurred in the private practice of the author, which he is induced to quote, as exhibiting in a very striking light, the value of evidence founded on these principles. A little girl apparently not more than five years of age, and who, from a consideration of her physical qualities, height, and appearance, could not have been pronounced to be six, presented, on an inspection of the mouth, the following appearances: not only were the third molar teeth developed in every direction, but the central and lateral incisors of the second set had made their appearance; the teeth, in fact, irresistibly led to the conclusion, which was not supported by any other sign, that this child was nearly nine instead of five years of age; on inquiry, this was found to be the case—she had nearly completed her ninth year. By a singular coincidence, another young lady, from the same school, having all the appearance of being at least eighteen years of age, on examination, presented every indication of being scarcely fourteen. The cuspidati were not fully developed, nor were the second molar teeth entirely protruded; she was, to the astonishment of all who saw her, under fourteen years of age. The striking contrast which these two extreme cases presented, occurring as they did, at the same time and in the same establishment, will be it is hoped, a sufficient apology for their introduction in this place; they are, however, only a specimen of a variety of such instances which must continually present themselves to every practitioner."

During his investigations, Mr. Saunders examined the teeth of 1046 children, male and female, in the different schools in London, and the

results are summed up in the following tables. By a reference to them it will be seen that—

“Of 457 boys of nine years of age—

BOYS OF NINE YEARS OF AGE.	Incisor.		Cuspid.	Bicuspid.		Molar.	
	Central.	Lateral.		Ante- rior.	Poste- rior.	Ante- rior.	Poste- rior.
220 had	4	4				4	
Seventy-seven,	4	3				4	
Ninety-one,	4	2				4	
Five,	4	1				4	
Thirty-four,	4					4	
Twenty,	3	3				4	
Ten,	3					4	

Of 251 girls of nine years of age—

GIRLS OF NINE YEARS OF AGE.	Incisor.		Cuspid.	Bicuspid.		Molar.	
	Central.	Lateral.		Ante- rior.	Poste- rior.	Ante- rior.	Poste- rior.
169 had	4	4				4	
Forty one,	4	3				4	
Twenty-seven,	4	2				4	
Three,	4	1				4	
Four,	4					4	
Three,	3	3				4	
Four,	3					4	

Of 227 boys of thirteen years of age—

BOYS OF THIRTEEN YEARS OF AGE.	Incisor.		Cuspid.	Bicuspid.		Molar.	
	Central.	Lateral.		Ante- rior.	Poste- rior.	Ante- rior.	Poste- rior.
104 had	4	4	4	4	4	4	4
Fifty-seven,	4	4	3	4	4	4	3
Twenty-nine,	4	4	3	4	3	4	2
Thirty-three,	4	4	3	4	2	4	1
Four,	4	4	2	4	1	4	

Of 111 girls of thirteen years of age—

GIRLS OF THIRTEEN YEARS OF AGE.	Incisor.		Cuspid.	Bicuspid.		Molar.	
	Central.	Lateral.		Ante- rior.	Poste- rior.	Ante- rior.	Poste- rior.
Seventy-one had	4	4	4	4	4	4	4
Twenty-five,	4	4	3	4	4	4	3
Eight,	4	4	3	4	3	4	2
Three,	4	4	3	4	3	4	1
Four,	4	4	2	4	1	4	


Thus, then, it appears, that of 708 children of nine years of age, 386 would have been pronounced, on an application of this, to be near the completion of their ninth year—that is, they presented the full developments of that age. But on the principle already stated, that of reckoning the fourth tooth as present where the three are fully developed, a still larger majority will be obtained, and, instead of 389, the proportion will be as follows:—Of 708 children, no less a number than 530 will be fully nine years of age. What, then, are the deviations exhibited by the remaining 178? They are the following:—126 would be pronounced eight years and six months, and the remaining 52 eight years of age; so that the extreme deviations are only twelve months, and these only in the inconsiderable proportion, (when compared with the results obtained by other criteria,) of 52 in 708.

Again, of 338 children of thirteen years of age, no less than 294 might have been pronounced, with confidence, to be of that age. The remaining forty-four would have been considered as follows:—thirty-six in their thirteenth, and eight near the completion of their twelfth year.

- Upon these statements further comment would be unnecessary and impertinent; they are therefore submitted, without further observation, to the candid consideration, and favorable notice, of those who are anxious that nothing shall be left uninvestigated or unproved, that shall tend, in the slightest degree, to ameliorate the condition of that large, unprotected, and suffering class of the community, the factory children.”

MELTING GOLD AND SILVER.


Dear Sir :—In the first No. of the “Dental Recorder” I notice an article extracted from the “American Journal of Dental Science,” on refining and plating gold, and as all such intelligence is peculiarly acceptable to dentists residing at a distance from a large city, I send you my morsel of experience on the subject.

When it is desirable to smelt into an ingot a small quantity of clippings, (say an ounce or less) I have found the following plan to answer a good purpose: Take a large piece of sound charcoal and saw it through the middle in the direction of the grain. On the side of one of the pieces, the largest and soundest, and near the edge made by the saw, a cavity must be excavated large enough to contain the gold to be melted. From this cavity a groove or notch must be cut to the sawed edge of the charcoal through which the gold will flow when perfectly fused. Next procure a piece of iron wire, pass it through the rolling mill until it is reduced to the thickness that the ingot is required to be, and bend it edgewise to this shape  or this V. Fasten the wire between the pieces of coal and secure them together with pins. Now melt the gold under the blowpipe, in the cavity prepared for it, having previously covered it with a piece of coal to retain the heat; and when perfectly fused turn the coal so that the metal will quickly and steadily flow through the groove into the mould, or ingot fixed to receive it. If properly performed this method never fails to secure a perfect casting.

In melting silver always place a piece of iron (a wrought nail will answer) in the crucible a moment before turning out the metal. Seize the crucible and the nail together with the tongs. The iron serves as a flux and causes the silver to run well into the mould.

NANTUCKET, Oct. 26, 1847.

JOHN T. METCALF.

 The November number of the New-York Journal of Medicine contains two articles on the subject of Amalgam, by Dr's. Trenor and Parmley, the one for and the other against the use of the article. We shall publish an abstract of both in our next.

RECORDS OF PRACTICE.

UTILITY OF "LETHEON" IN CASES OF EXTREME SENSIBILITY.

By G. F. J. COLBURN, *Dentist*.

One of the greatest difficulties we have to encounter in our practice is the resistance made by patients to our proceeding with painful operations, such as removing diseased roots of teeth buried in inflamed gums, &c, the remedy for which at the present time appears to be fully realized in the discovery and use of "Morton's Letheon;" and, for the benefit of those in our profession who are still skeptical in regard to its utility and results, I beg leave to relate a case or two, that has occurred in my own practice.

About six weeks ago a young man came to my office desiring to have a root extracted upon which a pivot tooth had been engrafted but a few days before by an itinerant dentist, and owing either to the root being previously diseased, or want of skill on the part of the operator, his face commenced swelling soon after its insertion, causing him so much pain that he undertook to remove the tooth, hoping to obtain relief, but he succeeded only in displacing the crown while the pivot remained firm in the root, thereby not diminishing the cause of the suffering. The inflammation and swelling had extended over the whole left side of his face, closing his eye. Upon examination I found that the root was entirely covered by the gums, so that it would need a deep incision to reach it. The young man was extremely solicitous that the root should be immediately removed, not consenting to have any palliating remedies applied. After representing to him how painful the removal of it would be, situated as it then was, I advised him to inhale the "Letheon," but he, fearing its effects, preferred having it removed without; I then proceeded with the operation. Upon my making an incision with the lancet he started from the chair and ran around the room shrieking in agony. I now told him that unless he would consent to inhale the "Letheon" I could not proceed, to which he readily agreed. After breathing it for about three minutes he, with a smile, told me to "go ahead." I then lanced the gums freely and proceeded to remove the root with the forceps; the first time it slipped from the instrument, thus protracting the operation; the second attempt was successful. The patient during the whole time remained unmoved, and appeared unconscious of any suffering. Thus was performed one of the most painful operations in Dental Surgery with the greatest facility.

At another time I administered the "Letheon" to a young lady, and cutting open the nail of the second finger of the right hand, removed a sliver of wood that she had accidentally forced under its extreme length. She had previously been to her physician, who was baffled in his attempts to remove it by her continually withdrawing her hand whenever he touched that sensitive part. The effects of the "Letheon"

rendered her perfectly quiet and firm. She afterwards asserted she felt no pain.

In the above cases we see the benefits arising from employing an article in our practice that imparts courage to those needing it, when necessitated to undergo painful operations, and that can, as has been ascertained, be used in nine cases out of ten with perfect impunity.

True, some have the physical courage to submit to pain without murmuring. I, a few evenings ago, assisted in setting a young lady's lower jaw-bone, which she had broken in two pieces, by a fall, who submitted to the whole operation without evincing the least impatience or uneasiness. In this case the use of an article for giving courage would be superfluous; but then again how many there are who come under the hands of the dentist, who, by their extreme sensibility, not only exhaust their patience, but prevent them from doing justice to their work.

Let, then, every dentist employ this article in every case practicable, as a charm that will draw to him the timid and suffering, who, knowing that he possesses a pain destroyer, will willingly submit to any operation, no matter how painful, with perfect indifference.

MORRISTOWN, Nov. 30, 1847.

[COMMUNICATED.]

SPONTANEOUS HÆMORRHAGE FROM THE GUMS.

MR. EDITOR:—Although examples of spontaneous hæmorrhage from the gums are occasionally met with, they are nevertheless so rare, in their occurrence, that a brief report of the following case may not be uninteresting to your readers.

The subject of the case, was a man of intemperate habits, about forty years of age. I visited him at the request of a medical friend, who had been previously called in, and had prescribed the various remedies, both local and constitutional, usually employed in cases of this sort, but to no purpose. The hæmorrhage still continued, and when I first saw the patient, three days after its commencement, it had reduced him to such a degree that he was hardly able to set up in bed. The bleeding was confined to the apices of the gums between the teeth on the lower jaw, and in consequence of the large quantity of blood which had escaped, it had become quite pale and serous, being only slightly tinged with red.

As the most powerful styptics and even the actual cautery had been applied, compression of the mouths of the bleeding vessels now seemed to be the only thing that held out any prospect of success; but, in consequence of the peculiar situation of the parts, considerable difficulty was experienced in the application of compresses to act efficiently upon them. It occurred to me at this time that I had seen an account of a similar case in an English Medical Journal, which had been successfully treated by the application of a metallic encasement to the teeth, and alveolar border filled with softened bees-wax. I ac-

cordingly proposed the adoption of this method, and took an impression of the lower jaw for the purpose of having a similar apparatus constructed. But in the mean time, pledgets of raw cotton moistened in tincture of nutgalls were forced between the teeth in such a manner as to compress the apices of the gums. The bleeding immediately ceased, and as it did not return, the wax compress, as at first proposed, was not applied. At the expiration of twenty four hours the pledgets of raw cotton were removed without any recurrence of the hæmorrhage.

In a similar case however, I think I should prefer the wax compress applied in the manner as above proposed, as a more equal and uniform pressure might be maintained with it. Dr. O. Holmes, of this city, informed me a few years since that he had succeeded in arresting an obstinate hæmorrhage from the gums of the lower front teeth, by embedding them simply in wax, previously softened in warm water, but to maintain this upon the teeth for any considerable length of time, it is obvious that a metallic case or box would be required.

Baltimore, Dec. 1st, 1847.

H.

MELTING GOLD ON CHARCOAL.

When the above communication was first received we thought to try the experiment before publishing it in the Recorder, so, procuring "a large piece of sound charcoal" we weighed out just an ounce of scraps of gold, and after preparing the coal as directed, we put in the scraps and commenced blowing with a full head of steam. The coal began to sputter and crack, and the sparks flew in every direction. The harder we blew the fiercer the resistance made by the coal, till finally, just as the gold was fairly melted and ready to run into the mould, and when we began to congratulate ourself on the victory we had won, a tremendous explosion took place, which split the whole piece of charcoal across the grain and scattered the gold in every direction about the shop. After diligent search for a long time we managed to collect about sixteen pennyweights of fine round shot, the remains of the twenty with which we commenced. "Tis an ill wind that blows nobody any good," and if our readers will take the following precautions, they may avoid the accident which befel us.

Before using a piece of charcoal for this purpose it should be thoroughly roasted before a hot fire to expel the air and moisture which it always absorbs, and which causes the snapping and cracking when the flame is first blown upon it. It is a very good plan, also, to coat over the outside with a mixture of plaster of Paris and sand, which not only strengthens it but makes it much cleaner to handle, and by stopping all the cracks, prevents the coal from burning out as rapidly as it does when not coated. A little time and attention given to prepare the coal properly in the first instance may save annoying and vexatious accidents, and if the coal be of good quality it may be used several times for the same purpose, taking care to roast it each time before using. Charcoal prepared in this manner makes a very neat and excellent article to solder upon.

EDITOR RECORDER.

JANUARY 1, 1848.

FAIR OF THE AMERICAN INSTITUTE.

At every fair of the American Institute, held annually in the city of New York, there is exhibited various specimens of mechanical dentistry, artificial teeth, instruments, &c. Some of these articles are placed there for competition, and others merely for exhibition, the manufacturers intending them as nothing more than advertisements placed before the eyes of the thousands of spectators who annually visit the fair.

The managers of the fair appoint suitable persons from the ranks of the Dental Profession as judges to inspect the different articles exhibited, and report upon the merits of the same. The following is a list of the articles submitted to the judges at the last annual fair held in October.

6 cases containing specimens of Artificial Dentistry.

1 case Dentifrice.

1 " Porcelain Teeth.

1 " Dentists Gold Foil.

1 Forcep Turnkey.

After carefully inspecting the contents of the above cases, the judges made the following report :

We, the undersigned, give it as our opinion that No. 787, a case of Dentifrice, is a very good specimen. It is beautifully put up, but as the contents are unknown to us we cannot recommend it as safe for common use.

No. 1501, a case of Gold Foil, and the only one exhibited. This gold is a good article and works well, and we believe it compares favorably with any that can be obtained in the market at the same price. It is worthy of commendation.

No. 1783, a case of Porcelain Teeth, and the only one exhibited. These teeth are a very fair article, strong, and stand the test of fire well. They are new in the market, and at the reduced price of the manufacturer, will undoubtedly be used to a considerable extent. We consider the maker of them worthy of encouragement.

No. 1849, a Forcep Turnkey for extracting teeth. This is a decided improvement upon the Turnkey, combining to a considerable extent the forceps and key. It has a decided advantage over the common key. Among the other specimens exhibited we see nothing worthy of particular notice.

Signed,

CHAS. C. ALLEN,
GEO. E. HAWES,
J. PARMLY,
WM. ARNOLD.

Several years since the judges on Dentistry established a precedent in reference to specimens of artificial work, or mechanical dentistry, which has been observed ever since, and which has been considered of

importance to protect the managers of the institute, as well as the public from imposition. It was, not to notice any specimen of this kind, unless some new principle was involved in its construction, without first knowing whether it was made by the person exhibiting it, or seeing it in the mouth of the person for whom it was made. Every practicing Dentist knows that the fitting of the plates and clasps to the mouth and teeth, the adjusting of artificial teeth upon the plates in such a manner as to restore the form of expression of the face, which was lost with the teeth, and articulating them so that they can be used well for mastication; is far more difficult to do, and requires a much higher degree of artistical skill, than the mere mechanical labor requisite to produce a piece of highly polished work which will make a beautiful appearance on a velvet cushion in the interior of an ornamental cabinet.

It is known to the managers of the Institute, and to the judges, that some Dentists have been in the habit of exhibiting year after year the same cabinets, containing the same identical articles, and oftentimes when they themselves had no hand in manufacturing those articles. If the managers are willing to allow the Dentists the privilege of advertising their wares in this way, and any portion of the public is green enough to be taken in by these sham stool-pigeons, that is no concern of ours; but for those exhibitors to accuse the judges of jealousy and fear of competition, because they do not see fit to assist in deceiving an already too credulous public, by recommending these articles as worthy of gold medals, is an insult, not only to the judges, but to the managers of the institute, who always aim to select the judges from men whose reputation and standing with the community is established.

It is to be regretted that men who have been practicing for a long time in the city, and who rank their business with the professions, should do so unprofessional an act as to exhibit the specimens of their science and skill, in common with the productions of the mechanic and manufacturer. It was for these, and not for the professions, that the American Institute was established, and it is this prominence which is given to the mechanical part of our business that has done much to "degrade Dental Surgery to the level of a mechanical trade."

IMPROVED MOUTH PLATES.

Since the publication of our last number we have seen the drawings of a mouth plate, accompanied by a specification, which were made in December, 1842, with the intention of obtaining a patent. The plate, represented by these drawings and described in the specification, is similar to the one described in the December No. of the Recorder. The following affidavit accompanies the papers:

CITY, COUNTY AND STATE OF NEW YORK, ss.

On the sixth day of March, one thousand eight hundred and forty-three, before the subscriber, Peter Wilson, personally appeared Amos Johnson, Surgeon Dentist of the city of New York, and made oath

that he does verily believe himself to be the original and first of invention of the Improved Mouth Plate within described and claimed: that he does not know or believe that the same was ever before known or used, and that he is a citizen of New York.

Signed,

P. WILSON,

Commissioner of Deeds, City and County of New York.

This mouth plate is very much like the one described by Mr. Schaffer. It has a chamber around about two thirds of the circumference of the alveolar process, just within the most prominent part of the gums. It has, also, a second chamber exactly over the centre of the roof of the mouth, and formed precisely like the one shown us by Dr. Thompson, and described in the communication of Dr. Porter.

Whether this was first invented by Offerman or Johnson, or by some other person before the time of either, is a matter of little concern to the profession, except as an act of justice to give the credit, if there is any due, to the person deserving it, who is unquestionably the original inventor. We are opposed in toto to the practice of securing the exclusive benefit of inventions or improvements in Mechanical or Dental Surgery, to the inventor by letters patent, or by keeping it as a secret from the profession generally. Besides the impossibility of keeping others in ignorance of any particular mode of operation, while patients are constantly changing from one dentist to another, the attempt to do so shows a selfishness which is anything but commendable in any one who calls himself a professional man.

All who are not too conceited to learn, are ever ready to obtain new ideas from others, and improve upon them if possible; and often the very inventions and improvements claimed by themselves, and perhaps patented, or kept as sublime secrets, have been obtained from those who had too much *true* professional feeling to hide their own knowledge under a bushel. "Freely ye have received, freely give," should be the motto of all who have the true interests of the *Dental Profession* at heart.

While the Dental Recorder is opposed to all professional secrets, it will ever be ready and anxious to give all credit for improvements, or superior skill in operations, to the persons who are entitled to it; and we are firmly of opinion that if all who happen to make any advance in their profession, would immediately communicate it to one of the dental journals now published, that the reputation which would follow would so increase his business that the pecuniary receipts would be greater than could be obtained through the humbug of secrecy or the selfishness of 'letters patent.'

[Reported for the Dental Recorder.]

PROCEEDINGS OF THE PENNSYLVANIA SOCIETY OF DENTAL SURGEONS.

A stated meeting of the Society was held at the Hall of Pharmacy, on Tuesday evening, December 14th, 1847. In the absence of the

President, the first Vice President, Dr. S. F. Beale in the chair; Mr. A. R. Johnson, Secretary. After the minutes of the previous meeting were disposed of, the Committee on Room reported that they had secured the Hall of Pharmacy, which would be their future place of meeting.

The Committee on Pathetism reported that nothing new had been elicited since their last report, and asked to be discharged, which was granted. The Chairman of Committee on Letheon, Dr. J. D. White, stated that they had a report, but would prefer not presenting it at that time, and in lieu thereof offered the following resolution:

Resolved, That this Society deem it inexpedient for dentists to use the Letheon in dental operations until the use of it is further tested and better established by Medical and Surgical practitioners, as the field of observation afforded the dentist is entirely too limited for him to fully test its practical uses. After the reading of the resolution, a call for the report was made, and after some debate it was finally read. (As it is too long for our columns, we give only a synopsis.) It went into a description of the mode of preparing ether, its properties, and action on the human system, and cited reported cases of its use both favorable and unfavorable, and, on the whole, the report was decidedly unfavorable to its use. The report being accepted, the question on the resolution came up, and after much debate, in which Messrs. S. S. White, and F. Reinstein, in opposition, and Dr. J. D. White, A. R. Johnson, and C. C. Williams, in support of the resolution, participated; it was, on motion, postponed indefinitely.

The report of Committee on Constitution and By-laws, which was laid over at last meeting, was now taken up, and on motion of Dr. J. D. White, it was *Resolved*, That the Constitution and By-Laws be taken up article by article; after which the Society adjourned to meet the next day at 3 1-2 o'clock.

Wednesday afternoon, at 3 1-2 o'clock, the Society came to order, and proceeded with the consideration of the Constitution and By-Laws; which, after being amended, were adopted.

The amendments embrace some important alterations, besides being more concise and comprehensive.

A letter from Dr. James Fleming was read, regretting his inability to be present, and urging to renewed effort.

Dr. S. J. Beale read an essay on caries, which was a well digested paper, containing some excellent thoughts, and worthy the author.

Mr. S. S. White next called the attention of the Society to a case of some interest, that of a supernumerary tooth protruding through the palatine arch, and perfectly round and pointed, about one-half inch from, and immediately posterior to, the central incisors. Mr. G. Stuarts patent springs were next exhibited, after which the Society adjourned.

M.

The above communication from our Philadelphia correspondent, was received too late to place with the other communications in this number.

THE DENTAL REGISTER of the West, Published quarterly by order of the Mississippi Valley Association of Dental Surgeons.

This is a new periodical devoted to the science of Dental Surgery, the first No. of which has just come to hand. It is published by the Mississippi Valley Association, under the editorial charge of James Taylor, M. D., of Cincinnati, and B. B. Brown, of St. Louis, and is issued quarterly containing fifty four pages, at two dollars per annum. The contents and the typographical execution of the Dental Register, are creditable to our brethren of the west, and we welcome it as a fellow laborer in the field of dental surgery. Among the contributors, we notice besides the editors, the names of Drs. Edward Taylor, John Allen, S. P. Hullihen, H. Crane, and some eight or ten others whose names are unknown to us. A periodical of the character of the Register, has been long needed in the West, where the want of skillful dentists is more felt than in the older states. There are many there who have had no practical instruction, and to our minds, there can be no hesitation in deciding which is the better policy, to let them, and the hundreds of others who are daily springing up, to supply the urgent demands of the public, work on in their ignorance, to the constant disgrace of the profession, or give them such instruction as may be imparted without in the least impoverishing ourselves. We are glad to see our brethren in the West come up so nobly to the work of sustaining by their contributions this periodical. Bacon says, that "Reading makes a full man, speaking a ready man, and writing a correct man." We recommend to our readers, to imitate the example of their brethren in the West, and send in the result of their own practical experience to sustain their own journals; by so doing, they will derive great benefits from comparing their own manner of operating with that of their brethren, and judge of the merits accordingly.

AMBLER'S DENTAL REGISTER.

This is an annual publication designed for the practising Dentist. It has a table for every day in the year containing blanks, under appropriate headings, where the name of every patient can be recorded, with the number and character of the operations performed, and a footing for the total amount of each day's work. Attached to each table is a print of a complete set of teeth, on which any particular operation may be marked for reference at any subsequent time; and by using different colored inks, or by attaching some peculiar mark, the operations performed for several different persons in one day, may be indicated upon the same print. There are also, a sufficient number of tables arranged for the account, and memorandum, of each individual patient, on which all the various operations performed for him during the year, may be collected and seen at a glance.

This is by far the most convenient book of the kind which we have yet seen, combining the journal, ledger and memorandum, and is at the same time the cheapest and most condensed form of keeping the accounts of the Dentist.

TO SUBSCRIBERS.

On assuming the charge of the Dental Recorder, the list of subscribers for the previous year was furnished us, and we have continued to forward it to all whose names are on that list. If there are any who do not wish it continued they will confer a favor by returning the present number, by mail, to the editor. All who do not do so will be considered, hereafter, as regular subscribers for the year.

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF
SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol. II.

FEBRUARY 1, 1848.

No. 5.

ARTIFICIAL TEETH ON THE ATMOSPHERIC PRINCIPLE.

MR. EDITOR :—In the Recorder for December, one or two articles upon the above topic occur, which induces me to offer the following, in regard to my own experience in this matter, and if you see fit to give it place in your periodical, you are at liberty to do so.

Having employed, in my own practice, for a length of time, past a similar plan to the one alluded to by yourself and correspondent, (the same in principle,) and with such results as leads me to hope much ultimately, from the utility of the thing. As the processes I employ to attain it, are, I think, more simple than either of those described in the Recorder, I will here give them, and I doubt not you will agree with me, that an invention of this nature, is likely to be made useful in its practical bearing, in proportion as we can simplify the processes through which the operation has to go, to accomplish the end proposed.

My method is as follows :—When I have taken a correct impression of the mouth in wax, and obtained from it the plaster model, I take a mixture of prepared chalk, gum arabic and water, of the consistency of cream, and with the aid of a camel's hair pencil, build up upon that part of the plaster cast, representing the alveolar ridge, a prominence, say one twelfth of an inch in width, of a conical form, and about the thickness of an American half dollar, to extend as far back as the first bicuspid on either side, in a perfect half circle, diminishing in thickness as it approaches its terminus, until lost in an even surface on the cast. This crescent or half circle being allowed to incline a little inward toward the point where the linings of the teeth would naturally terminate, or be joined, by soldering, upon the plate, and being partly covered as it would be by the base of each tooth on that part of the plate ; it may readily be seen that but little if any objection could be urged, on the score of making the plate more cumbersome in the mouth. In fact it is susceptible of being so arranged that this additional vacuum in the plate can scarcely be noticed by the wearer. A plaster model thus formed, enables the operator, at once, without the need of resorting to the old and tedious methods of

using founder's sand, to make good and correct metal casts, as follows : Take a common iron ladle, melt five or six pounds of lead, then take the plaster model after all moisture is removed therefrom, and hold it in the lead until it is perfectly congealed, then, after allowing the metal time to cool, so as to handle, break out the plaster, and the hollow cast is made with which to mould the convex cast. After cleansing out the hollow cast, and giving the inner surface a coating of chalk, then place a narrow rim of sheet iron around the margin of the hollow cast, securing the outer edges with a mixture of plaster and sand; then pour a sufficient quantity of melted tin into this mould to fill it and the rim around it, and the two casts are made.

I have been thus minute, because I am inclined to think much time is wasted by many dentists, in using means for getting up casts, which are far more complicated, and which are not found to be any better in the result after all. In some cases where the mouth of a person presents upon the alveolar ridge, an uneven surface, I have built up only where the depression occurred, thus elevating the one to the level of the other, thereby giving more symmetry and beauty to the case when finished, and still having the adhesive qualities of the plate sufficiently increased to answer a good purpose. In several cases of this nature, I have been well pleased with the result.

Other chambers or vacuums could, I am persuaded, be made to advantage in a plate, in addition to the one already described. For instance, say two separate ones — one on each side of the plate, toward the posterior part of the alveolar ridge of the length of half an inch — commencing at a point about the center of the second molaris, and running in a transverse direction toward that point where the plate turns over the alveolar process.

This would doubtless increase the adhesion of the plate at its posterior base, and would, I doubt not, be worth the trial. This last, however, I have not made trial of.

With regard to the question of *priority* in the employment of this plan of using the atmospheric principle, I must conclude that we shall have to go farther back than we have yet been doing, in order to place the credit of *its discovery* where it belongs.

The gentleman, in your city, to whom I am candid to say I take pride in acknowledging myself indebted for the first suggestion of the idea, is able to show by an entry in his register, a case inserted in the mouth of a gentleman, as long ago as 1836, on this plan, and I am *not aware* that even he lays claim to the first discovery of the thing. Liberal minds are hardly likely to lay much stress on points like this, much less to be found *taking out letters patent* for discoveries in matters pertaining to a profession like ours.

Po'keepsie, Jan. 10th, 1848.

W. A. PALMER

The method of making casts, described by our correspondent, is not new, but has been practiced by many dentists for a long time.

For small cases it answers very well, but for full sets we are inclined

to think that the plan of moulding in sand is preferable, for the following reason. When the plaster casting or model is dipped into the melted lead there is a double shrinkage, the lead first shrinks from the model, and often in that part corresponding to the roof of the mouth so much as to give considerable trouble—if the lead be poured upon the model, it is the same—then the metal poured into the first or concave casting, to form the convex one, shrinks also. The two shrinkages in casting a large jaw is so great that the casting has often to be cut away in the hollow part, and pieces of sheet tin or lead placed on the prominent parts, before the plate can be swedged to fit a plaster model.

By moulding the model in founder's sand the convex casting is made with but one shrinkage, and the time and trouble, when the dentist has proper conveniences for doing it are not increased. The original plaster model is also preserved to fit the plate to.—ED. RECORDER.

LETTER FROM DR. BAKER.

To the Editor of the Dental Recorder :

SIR :—After so long an interval of time as from May, when he “threw the first fire-brand” into a public newspaper, to January, Mr. E. Parmly, in sugared and courteous terms, “feels himself greatly obliged to you, for the privilege you have kindly granted him of correcting some errors that have appeared in the Dental Recorder, in reference to himself, involving as they do, personal truth and personal character.” I am sensible he should have esteemed it as a *favor* after he had become chargeable with the guilt of having calumniated a large and respectable body of dentists, both in this country and in Europe. What makes it more reprehensible, is that it was perpetrated through the public press—an appeal of a professional man to the public, on whom we all depend for patronage and support, endeavoring thereby to create a prejudice and hostility against those dentists who sometimes make use of amalgam for filling certain descriptions of teeth ; but with the well informed, his tirades had a contrary effect, and like the gun mentioned in Hudibrass, from being improperly charged, knocked over the *owner* instead of the *plover*.

In your address sir, to the Dental Profession, I most heartily subscribe to that passage in it which says, “It is the earnest desire of the editor, that all communications which are presented, may be written, if they partake of a controversial character, in a fair, honest, and respectful style and manner,” and we most fervently hope that according to holy writ, it will not again be necessary “to answer a *man* (is it ?) according to his folly, lest he be wise in his own conceit.”

Mr. P. says the paragraph which first claims his attention, is a resolution passed by a conventional meeting of Dentists, in New York, who use mineral paste for stopping teeth,* at which E. Baker was appointed chairman and A. C. Castle, secretary,—as follows :—

* There were several dentists present who never use amalgam, but who nevertheless approved of the resolutions.

“Resolved that the cause of Dental Science, and our standing as professional men, demand a rigid examination and exposure of the calumnious charges made by Mr. E. Parmly against all who have adopted the established practice of filling with amalgam, teeth which cannot otherwise be preserved.

Mr. P. says, “that the assertions contained in the above resolutions are true I unequivocally deny, inasmuch as I never made calumnious charges against any man or set of men for adopting [mark] the established practice of filling with amalgam, teeth *which cannot otherwise be preserved*, as no such *established practice* exists. I have never known any one to follow such a practice, and have never seen a tooth filled with amalgam for the purpose of preserving it, that could not have been better filled with something else, and so far from any representations of mine being calumnious toward any part of the profession, I have, in the *conscientious* endeavor to put the public on their guard against tolerating a practice which I know to be productive of the worst results, and the profession from adopting a system, which indiscriminately* followed, can only eventuate to the prejudice of its votaries, [does he mean the operators or operatees, or both ?] been assailed on all hands by the most ungentlemanly, virulent, and personal abuse contained in anonymous letters, and other communications from those interested in its adoption.” Poor, persecuted man ! he does not seem to comprehend that from the falsity and baseness of his attacks, in a *newspaper*, he made himself liable, and justly too, to what he complains of.

Having been chairman of that respectable meeting, it appears to devolve on me to support the resolutions adopted at that time, and I will premise by saying the *charge* in the aforesaid resolution, concerning Mr. P. is capable of the fullest proof, and the terms in which it is expressed, far more lenient than the provocation would seem to require.

The rites of sepulture were barely performed to the lamented Mr. Ames, when Mr. P. sounds the tocsin of alarm, and publishes an extract from the Tribune :—“ *Killed by bad Dentistry !* ” (which however, is altogether false,) and after devoting a few words to the deceased, he proceeds to his main object, which is to alarm the public. In the same paper of May 27th, he says : “ Many of the readers of your paper will recollect that during the past five years, I have endeavored to warn them against employing dentists who use quicksilver combined with silver, for stopping teeth.” I again say fearlessly, that I have no confidence in the professional honesty of *any* man who will use it, saying as many do, it is better than gold.” Afterwards in reference to Mr. F. H. Clark,† he said “ he had no confidence in the

* Nobody advocates the indiscriminate use of amalgam.

† In order to intimidate this gentleman, Mr. P., in a private note, threatened to expose him in a former transaction, having no connection with this subject, in which Mr. C. was justifiable in the course he took.

professional integrity of *any* one who used it at all," or words to that effect.

It is necessary, as much as possible, to abstain from wandering through his wordy labyrinth of hedge-firing, and confine ourselves to a few extracts and facts.

All the most skillful dentists in England (always excepting Mr. Koecker), and in France, fill certain descriptions of teeth with amalgam; the same may be said, with a few exceptions, of the dentists of the city of New York.

Mr. Parmly denies that the using of amalgam "in certain cases" is an *established* practice—now, if the universal use of it in England and France in such cases, and by such men as Cartwright, Brewster and Tomes, whose learned and scientific lectures are publishing in the Baltimore Journal, together with seven eighths of the dentists in the city of New York, many of them of the first standing, besides the favor it finds, and its steady increase and use *generally*, will constitute an *established* practice; *such* an one exists.

Perhaps Mr. P. thinks that no practice can be *established* unless it receive the royal assent, and the approval of the *immortal eight* (not seventeen), viz: the clique, who at his request, signed certificates, which were published in the papers, amounting to this—"that those dentists using amalgam, *saying* it is better than gold could not be honest"—"*honest* Iagos!"

There are many teeth that cannot successfully be filled any other way; Mr. P's. opinion to the contrary, notwithstanding, and he has as yet to produce the *first* subject where such fillings have been followed with any *mercurial* effect—he has, undoubtedly, seen cases of disease from irritation, and if the same teeth *could* be or were filled with gold or tin, the cases of irritation would be ten to one—"proof is evidence, truth is the knowledge we derive from this evidence."

Against all this array of talent and numbers Mr. P. has the presumption to *warn* the public against any one who makes any use of amalgam for teeth. He indeed qualifies sometimes and says, "*saying* it is better than gold, as many do." All who use it say it is better than gold for *certain teeth*, and again they say gold is best where it can be successfully used. Upon this quibble or loop-hole, (if we know the man,) Mr. E. Parmly expects to escape, viz: "*saying*, as many do, it is better than gold," but it will not save him any more than the ostrich, who hides his head to avoid his pursuers.

If the dispute is to be about words, I do not profess to have much gladiatorial skill in such composition, and hope to be more usefully employed than in the trifling refinements of verbal criticism.

The question turns upon this—what *impression* did Mr. Parmly wish to make on the *public mind* as it regards those dentists that in *any* way made use of amalgam in filling teeth? What was his intent? The manifest proof of his *intent* was the manner in which the public received it, viz: that all dentists who used that article were, without discrimination, unworthy of the public patronage, "profes-

sionally dishonest," and he wickedly and libelously, it is evident, did defame, and, as far as in his power, endeavor to expose to public hatred, every one who made use of amalgam. If Mr. Parmly did not mean this, what did he mean? If he did not mean *all* this, will he please let the public know what he did mean? "We pause for a reply." If we survive the public odium which Mr. P. has not been able to manufacture, we shall continue the subject in the Recorder and will just say in advance, that all that has been stated will be proved with the exception of a "sister of Mr. Ames," read sister in law. Dr. J. R. Chilton has written nothing to *neutralize* Dr. Bemis' "exclamation and question."

CHLOROFORM.

To the Editor of the Dental Recorder.

I have administered the Chloroform to several patients, and am satisfied that it is perfectly harmless in its primary or ultimate effect upon the constitution. It is superior to ether in several important and essential particulars. While it often requires a considerable quantity of ether to produce the desired effect, a few drops of chloroform is sufficient for all practical purposes. No irritation or coughing is produced on commencing the process of inhaling the chloroform, while it is almost an invariable attendant in using the ether. Another advantage chloroform possesses over ether is, it is always uniform in its effects, which is not the case with ether. I have administered the ether in more than two hundred instances; in at least twenty of those cases I have been unsuccessful, while not an unsuccessful case has followed the use of the chloroform.

Chloroform was discovered by Liebig, in 1832, and perfected in its formula by Dumas in 1835, since which, it has been prescribed by several French physicians, as an anti-spasmodic. Dr. Simpson, professor of midwifery in the University of Edinburgh, often having witnessed the effects of sulphuric ether, commenced experimenting with other medicaments, and finally succeeded in discovering Chloroform as a substitute for ether, in alleviating and entirely subduing pain while performing the most difficult and painful operations in surgery. Dr. S. in his account of his substitute for ether relates six cases in which he gave the chloroform, with the most satisfactory and decided result.

CHLOROFORM is prepared as follows:

R	Chloride of lime in powder,	℥ iv.
	Water,	℥ xii.
	Rectified Spirits,	f 3 xii.

Mix in a retort or still, and distil as long as a dense liquid is formed which sinks in water.

SULPHURIC ETHER is prepared as follows:

R	Rectified Spirits,		
	Sulphuric acid,	ā ā	℥ ii.

Pour the alcohol into a capacious retort and then gradually add the acid, shaking it after each addition. Place the retort carefully into a sand bath, heated not to exceed 200°. Allow the liquor to boil, at which time the ether passes over into a tubulated receiver, to the tubature of which another receiver is applied, which must be kept cold by immersion in ice, or water. The ether thus obtained is often rendered impure by admixture with alcohol and water, and sometimes oil of wine and sulphurous acid. It is freed from these by rectification. It is then a colorless liquid of an agreeable odor.

Nitrous Oxide, or what is commonly called "the laughing gas," is another chemical preparation, through the agency of which, surgical operations have been performed, and teeth have been extracted without pain. I believe it is generally conceded, that the late Mr. Horace Wells was the first who discovered the *application* of the nitrous oxide to subdue pain, and that while this gentleman was pursuing his dental practice, before ether or chloroform was applied, he extracted a great number of teeth under the influence of nitrous oxide, without the least apparent pain. It has also been stated, and I believe in truth, that it was the incentive to the discovery of ether and chloroform. Nitrous oxide, it must be admitted, cannot, or at least should not be employed in surgical cases, owing to the varied, dissimilar and uncertain effect it produces. It is obtained according to the best chemists, as follows:

Take of Nitrate of Ammonia, a given quantity and place it in a retort or flask, which must be placed in a cup of sand, and apply heat until the salt becomes liquefied, and as it begins to boil the gas is evolved. Gradually increase the heat until the retort becomes filled with a whitish semi-transparent vapor, at which period the temperature should be between 340 and 480 degrees. In this process the temperature should not be allowed to rise beyond the point at which the effervescence is moderately brisk; for when the salt becomes much hotter, the decomposition is too rapid, and the gas obtained may not be all pure. After the nitrous oxide has been properly generated, it should be placed over water for several hours, after which it may be inhaled without any deleterious effects upon the constitution.

Numerous cases are upon record in which the nitrous oxide has been employed to great advantage, while on the other hand instances are not wanting, in which even life itself has fallen a sacrifice from its effects. A sailor, many years since, at a public exhibition, was requested to go upon the stage and inhale the gas; he at once complied and after having been brought under its influence, drew his knife and stabbed one of the exhibitors. Yours, &c. respectfully,

362 Broadway.

HARVEY BURDELL, M. D. Dentist.

TRENOR ON AMALGAM.

WE have received from the author a copy of an article, entitled "Observations on Amalgam with Cases, by John Trenor, M. D., Dentist." Dr. Trenor has been long and favorably known in this city, as a skilful and scientific practitioner upon the teeth, and his

opinion, therefore, upon any subject relating to dental surgery, is worthy of the highest respect.

These observations contain the views of the writer on gold, amalgam and tin, as materials for filling carious teeth. First in point of excellence is placed gold foil—"because there is no evidence before the profession, that can, in the slightest degree, weaken the confidence that has long been reposed in it, over every other article, heretofore discovered, for this purpose;" "*Whenever the sound substance of the tooth is strong enough to admit of the degree of pressure which is requisite to bring the gold into a solid mass.*" Some objection is made to its color, in situations where it is exposed to view. "Still, even in its color," says the writer, "it is as far superior to all other materials, possessing any merit as fillings, as it is in its other qualities." "Upon these points," he says, "it is believed there does not exist any difference of opinion among educated and experienced professional men."

After a few remarks upon tin foil as a substitute for gold, which he considers in every respect inferior, except as a temporary filling for a weak tooth, the writer proceeds to discuss the merits of silver amalgam.

First, as to "whether this amalgam possesses any advantages over articles already in use, and if so, secondly, whether, when used as a filling, it is harmless and safe."

The following extract will show the writer's views upon these two points.

"Of its advantages, the most prominent and peculiar one, is the tenacity with which it adheres to the surrounding surface of a cavity into which it is put. In this respect, it is exceedingly remarkable, and far surpasses that of any other material with which we are acquainted.—It will, as it were, fasten to a surface, harden and adhere, where there is so little of a cavity, that neither gold foil, nor tin, nor anything else, can be made to remain at all. There is no filling that can be put in, with the same certainty of its remaining, and this too, even when carelessly done. Indeed, its superiority in this particular, can neither be denied, nor doubted, by any one practically acquainted with it. This, however, is not its only superiority, nor, in the estimation of, at least, the patients, its chief one; for the fact, that it requires so little pressure to fill a cavity as scarcely to indicate that the operation is progressing, enhances greatly its value, and extends, widely, the circle of its usefulness, by rendering it applicable to a large class of cases of very thin teeth, which, before the employment of this composition, were altogether useless, and were, very generally, extracted. These two considerations, make it particularly applicable, and exceedingly serviceable, as a filling for children's first teeth. To prevent these little patients from suffering, and preserve their teeth until they loosen, from the advance of the second set, is all that is desired; and with this substance it can be done, without subjecting them to the annoyance of tedious and painful operations. But, when, to these considerations, is added the fact, that, when properly prepared, it gets harder than gold, put in in the best possible manner, its value, as an auxiliary in the practice of dentistry, can hardly be overrated.

Of its safety.—As much pains have been taken to create a belief that the amalgam is poisonous, and, therefore, dangerous to have in the mouth, from which it enters into the system, by being dissolved in the saliva, or otherwise, through the channel of the absorbents; and infinite industry used to spread this belief before the public, it is obviously required, that in this particular, it should be very fully investigated. As preliminary to this inquiry, and a very important point in the examination, it must be borne in mind, that this amalgam has been used, as a filling, for about twelve years. At first, its use was somewhat circumscribed; but after a while, it rapidly increased, until now it probably amounts to as many cavities filled with it, as of all other materials put together. It is true, that a very large number of these fillings are very badly done; but, for the purpose now under consideration, this is a matter of no moment whatever.

It is to the fact only, to which it is necessary now to advert, because it shows clearly enough, that there can be no deficiency of evidence in the case, no matter on which side it preponderates. That it is a fact, the profession, both for and against its use, as well as a large portion of the public who have had it put in their teeth, can bear ample testimony.

The first cases which fell under the writer's notice, were the cause of so much irritation to the patients, as to render it necessary to remove the fillings; but this was owing to the careless and improper manner in which the operations had been performed, and in which, had gold, or tin foil been used, would have required, in like manner, to have been removed. Cases of this character continued, every now and then, to present themselves; but, during the same period, very many were met with, and which were gradually, but constantly, increasing, in which no inconvenience whatever was experienced by the patients; and in some instances, as already stated, and those not a few, in which teeth were made serviceable, that without this filling would have been altogether useless, the teeth being too thin to bear without breaking, the pressure necessary to retain in their cavities any other serviceable material. Shortly after this amalgam was brought to the notice of the public, a very strong outcry was raised against it, by many prominent members of the profession, here and elsewhere, asserting, among other objections to its use, that it was injurious, and even poisonous to the system. Although the writer of this had never met with a case in which there was the slightest ground for a suspicion of this kind, still the positive assertions to the contrary then made by such professional authority as has since been so conspicuous in reiterating, through the newspapers, the same objections, induced a hesitancy, and a consequent delay, in the use of the article, which otherwise would not have occurred. It was in this state of things that such cases as the following came under the care of the writer, which naturally gave rise to doubts, as to the correctness of the observation and assertions put forth against the use of amalgam, and which assertions, further experience has amply shown to have been entirely erroneous."

The two cases related by Dr. Trenor, and alluded to in the above extract are very common ones where in one month two, and in the other, four or five teeth, "whose nerves or vessels, were dead," had been filled with the amalgam, been serviceable for mastication, and given no pain for several years. One of the subjects was in delicate health, and both of a nervous temperament. As generally happens with teeth which are in this condition, when filled, they at length became sources of irritation in the jaw. In the first case, (that in which two teeth were filled with the amalgam), the result was a severe inflammation in the surrounding parts, during which, her dentist removed the fillings, which 'caused her such intense suffering that she determined not to return to him.' The case was then treated by Dr. Trenor. First, the inflammation was reduced, the cavities were then refilled, (we suppose with the same material, because the writer says they were "injudiciously and unnecessarily removed"); astringent washes prescribed to harden and strengthen the gums, with tonics, exercise, light nourishing diet &c., to give tone and strength to the whole system. This treatment was perfectly successful, and the next attack of pain and inflammation was on the opposite side of the mouth "where no amalgam fillings had ever been put in." The trouble in the other case, in which fifteen cavities had been filled with amalgam, for five years, four or five of which were without nerves, was pain resembling tic doloieux, which recurred during the changeable weather in the spring and the fall, and had been relieved by quinine. The patient's professional adviser, extracted one tooth which gave her the most trouble, attributed all her suffering to the amalgam and advised her "to have the other teeth extracted in which this amalgam had been put." This alarmed the lady so much that she called for

advice on Dr. Trenor, who after giving a description of the case, the whole of which we have not room to copy, says, "It is hardly necessary to add, that the amalgam fillings had no agency whatever in producing the pain she had experienced. It was a consequence of the death or the vessels in the internal canal of the teeth; and the loss of the tooth, therefore, a useless sacrifice."

Upon the subject of the constitutional effects of amalgam when put in the teeth, we extract the following.

Certain *preparations* of mercury, it is well known, produce, under certain circumstances, very powerful effects upon the human frame; but in order to do so, it requires to undergo a change in its composition and character, which in the form in which we find it in this amalgam, it never does or can undergo. It requires a degree of oxydation or a minuteness of division which renders it useless, and altogether impossible to employ for the purposes of a filling. The two characters are entirely inconsistent with each other. If the quicksilver in the mixture undergoes such a change as to allow of its mercurializing the system, it will not answer as an ingredient in the filling, and vice versa. In the combination it forms in this filling, and as long as it remains so combined, it cannot affect the system. In the amalgam, it is in combination with a large portion of silver. Now before the system can become subject to its mercurializing influence, it must first become uncombined from the silver, which is impossible because of its stronger affinity for that metal than for oxygen; and, secondly, must recombine with such a quantity of oxygen as it cannot be made to unite with it in the mouth. Add to this, that the exposed surface of the filling itself must also have lost its cohesion; to have become quite soft; and to have very perceptibly diminished in quantity. But when in the face of all these impossible, yet absolutely necessary changes, to make valid the objections under consideration, we find it after one or two or five or ten years of use in the mouth, still presenting the same appearance, solidity and quantity, as when first put in; and that there is not nor ever has been, a single symptom of mercurial action, local or general, upon the system, the fallacy and folly of the objections urged against it are almost too glaring to be worthy of serious argument to refute. With equal propriety might it be urged against gold, that because when highly oxydized, it becomes a very powerful medicinal agent; therefore it should not be used as a filling for defective teeth. Such cases too, as those which have been given, afford evidence enough that the error of those opposed to the use of this amalgam on the ground of its dangerous and poisonous effects upon the system, proceeds from a want of discrimination between diseases totally different in their cause, character, treatment and consequences. But the fact that this amalgam has been in use for about twelve years: and that for some years past, wide-spread has been its use, and vastly is its use increasing in and about this city, and everywhere else in this country and abroad; and that numberless, it certainly may safely be said, thousands of these fillings have been put in teeth, where they are known to have remained for periods varying from one to eight and ten years; that there is no alteration or diminution on the exposed surface of such fillings where it is not necessarily worn down by chewing, and that not a single authenticated case has ever been produced by physician or dentist, of illness or injury resulting from its use, it seems impossible to desire more conclusive testimony that, as regards the health, nothing can be employed more entirely harmless. To test or examine the value of an important professional point upon the loose, hearsay evidence resorted to in the case of Mr. Ames, would be a degree of trifling with our readers and the public that the writer feels no disposition to indulge in.

"Since these remarks were penned, the writer has been kindly permitted the perusal of a letter to the editor of this Journal from Dr. Bemis, the physician of Mr. Ames, from which it conclusively appears that he never dreamed of attributing his illness or his death to amalgam fillings, or to any operations whatever upon his teeth.

Dr. Trenor denies that amalgam has any influence in causing the death of the internal vessels, inflammation of the investing membranes of the roots, brittleness of the bone, &c., &c., more than gold or tin foil. "The cause of such results," he says, "is, in *all* their instances, the *extension of decay in the tooth.*"

Those who are desirous of perusing the whole of the article will find it published in the New York Journal of Medicine and the Col-

lateral Sciences, for November, 1848. The same number contains an able article from Dr. E. Parmly, upon the same subject. We conclude with the following extract.

From the preceding facts and reasonings, it is hoped and believed that the correctness of the following deductions will be readily admitted. First, that gold foil, from its purity, durability and color, whenever it can be used, is the best material yet discovered as fillings for defective teeth. Secondly, that the amalgam, or combination of silver and quicksilver, unquestionably ranks next. That it surpasses gold or anything else in the tenacity with which it adheres to and remains in a cavity. Thirdly, that it requires far less pressure to fill with it than with any other durable material. Fourthly, that it becomes quite as hard and is equally as durable as gold, and, as far as the time it has been in use will justify an opinion, that it is likely to prove quite as effectual in preventing the further progress of decay. Fifthly, that it is applicable to a large class of cases for which, before its discovery, little or nothing was or could be done. Sixthly, that as regards the health, it is as safe as gold or any other material. And seventhly, that in point of color and the readiness with which it discolours, it is very much inferior to gold.

CASE OF POISONING FROM BAD DENTISTRY.

I was called to see James Bowen, in Coventry village. I found him labouring under febrile action, with an eruption on the lips resembling that commonly called "cold sores," and as such I regarded it. The tongue was red on the tip and edges; the centre and posterior part was covered with a thick white coat. I treated the case with what I considered appropriate remedies, for three days, without much improvement in any of the symptoms. At this time there appeared an erysipelatous eruption upon the entire surface of the body. It appeared in minute red points, spreading rapidly in a circular form, and becoming confluent, giving the entire surface a red and puffed appearance, closing the eyes in less than twelve hours. I found the tongue covered with ulcerating patches, and the lining membrane of the mouth much inflamed. While examining the mouth, I discovered a plate running across the roof, to which was attached an artificial incisor tooth. As the symptoms had been somewhat anomalous from the beginning, and did not yield to remedies, but on the contrary increased in violence from day to day, suspicion rested upon that plate as being the offending cause. I stated this as my opinion, but the patient thought it could not be possible, as he had worn it for four years. Not being satisfied under such circumstances without an examination, I removed the plate, and there found the cause of all the mischief. At the point where the tooth is attached to the plate, I found a mass of corroded metal as large as half a pea. It had passed out from under the plate, was diffused throughout the mouth and conveyed with the saliva into the stomach. All the violent symptoms disappeared in a few days. Upon inquiry I found that the tooth had been broken from the plate and was soldered on by a travelling or itinerant dentist for which he charged and was paid one dollar. The patient had since worn it about four months. The plate was good gold but the solder was some pernicious compound, applied by an ignorant and unprincipled pretender whose name to the patient is unknown.—*Boston Med. & Surg. Journal.*

RECORDS OF PRACTICE.

A CASE OF DENTO NEURALGIC AFFECTION CAUSED BY A CROWDED DENTURE.

BY G. F. J. COLBURN, *Dentist*.

During the early part of November last, Anna B., aged nineteen, a servant in my employ, of a sanguine temperament and usually good health, suffered extremely from headache, accompanied with neuralgic pains in the right temple, spreading over the os frontis and whole side of the face, causing her so much nervous derangement as to incapacitate her from performing her work. Thinking her trouble might originate from a cold, I advised her to consult a physician who would probably give her some medicine that would relieve her. She stated that she had experienced the same distress some months previous to her coming to live at my house, and had taken medicine without doing any good, that after a few days the pains generally subsided. A day or two after, finding her distress continued, I requested her to let me examine her mouth, and see if there was not something the matter with the teeth, that might be the cause of her trouble. On minute examination I found her teeth (of which she possessed the full complement,) apparently sound and healthy, as also their contiguous parts, detecting no presence of any irritating agent. The teeth were of the class denominated the "opaque chalky white teeth," all well formed and regular, there being no derangement of their position in the arch, except the posterior bicuspid of the right side of the superior maxillary, which appeared as if crowded out of its place by the adjoining teeth, so much so as to incline inward at least an eighth of an inch from its true position. Detecting no presence of decay or inflammation; I next proceeded to strike on the teeth in succession, to ascertain if there might not be some latent affection of their tissues, I found the bicuspid quite sensitive, much more so than any of the others, and from the fact of the pains being mostly located over this tooth, and its utility being destroyed by its crowded position I advised its extraction, to which she readily consented, remarking that she would willingly have all her teeth out if it would ease her of her suffering. On removing it, the fang appeared healthy (except a slight irritation of the peridental membrane, near the apex), which differed from the usual form by being so bent as to have the appearance of a hook.

That afternoon the pains entirely subsided, enabling her to obtain some sleep, which she had been deprived of from the commencement of the attack. A few days after she left my service. I did not see her again until a few evenings since when she assured me she had experienced none of her former trouble since the tooth had been extracted.

Morristown, N. J.

A CASE OF MOLAR AND MAXILLARY ABSORPTION.

For the Dental Recorder :

Some time in May last, a lady, Mrs. C——, called upon me and wished me to examine her face on the left side. To use her expression “her cheek was falling in, constantly shrinking, and she did not know but it would continue so to do, till she was perfectly deformed. Upon examination, I found an indentation so large, as to be perfectly visible to any one in the room, somewhat resembling a very large dimple and not very dissimilar to a scar, when adhesion has taken place between the skin and periosteum, as is often witnessed in necrosis; though without a change of color. It was situated at the inferior edge of the os malar, at its junction with the os maxillary and near the posterior attachment of the masseter muscle, immediately above the antrum highmorianum. She complained of no pain, and no pressure there was but slight tenderness. She said she had received no injury, nor experienced any pain or swelling of the part, and the first intimation she had of its presence, her attention was directed to it by a friend several weeks previous; that since that time, it had steadily, though slowly increased. There was a slight depression in the bone and less muscular and adipose matter than was natural above it. My attention was next directed to her mouth, which I found in a wretched condition; all the teeth in the left superior maxilla being defective, mostly broken off level with the alveolar, particularly the bicuspidæ; the first molares, a very large tooth, was badly decayed, a mere shell and of a dark purple color; it having been filled several years since by a then respectable, self-styled dentist, with mineral paste; I think she said, he termed it succedaneum. It was then very dark, and oxidized, and it was self-evident on the most superficial examination, that the juices of the mouth had free access to the whole, or nearly the whole surface of the filling. The second molaris was nearly broken away, as well as the dens sapientiae, and in a most filthy condition. The gums turgid, and slightly inflamed; bleeding on the slightest pressure, and of a dark, unhealthy color, though still retaining their attachment to the necks of the teeth. By gently striking the teeth with an instrument; there was a dull pain experienced immediately under the indentation on her cheek, and by tracing the external fangs of the teeth with the finger, there was a sensitiveness felt, particularly at their upper extremities. She was a strong, healthy woman; of a full habit, the sanguine temperament predominating; pulse full and quick; and she was judged to be about seven months advanced in pregnancy. This, combined with considerable dread of any operation, and a disquietude of nerves, together with an entire exemption from pain induced me to advise her to wait a short time; that I might watch the progress of the disease, and be better able to judge of its proximate cause, and the means most suitable to afford relief. About the first of September, she called again, said it was constantly increasing,

though destitute of pain ; that she believed that the left side of her face would be badly deformed. She was now less nervous ; pulse strong and regular. She having in the interval accomplished the period of utero-gestation, and been delivered of a dead fœtus ; said her attending physician had advised her to again consult me, and submit to any operation I might deem essential to her recovery ; found a visible increase in the indentation, with considerable elongation, it being perpendicular, and much resembling an elipsis, the lines of which had been produced to nearly a point. Upon again tapping the teeth with an instrument, found an increased sensitiveness, which had extended to the second molaris ; with dull pain on pressure with the finger over the fangs ; gums same as before. Advised the immediate removal of the teeth, if not for the sole, as a preliminary means of cure ; founding my diagnosis on the fact, that the teeth were very large and strong, and would be likely to have corresponding long roots, which might perforate the plate of the antrum ; being also dead, and extraneous substances, perhaps with ulcers attached to them, they might have lighted up an inflammation of the mucous membrane and periosteum, which extending to the bone, was producing its absorption ; or the roots not extending to the antrum, being still foreign bodies, nature endeavoring to relieve herself of the burden, had induced a morbid, abnormal action, producing inflammation of the bone and process and a tendency to, if not caries. Though caries was not then judged to be present, from the absence of pain and much soreness and external swelling ; neither was their apprehension of tumor or polipi. Extracted the second molaris, found the roots not as long as expected and unaccompanied with ulcers. The third next, as less trouble was anticipated from these than the first. On applying the forceps to the first, it immediately crushed in level with the alveolar, bringing away the large cement filling ; divided the roots and extracted singly ; they were quite long, but could not discover that they penetrated the sinus. She left, expecting to call in a few days : saw her after an absence of six weeks ; the indentation on her face had not increased, it was free from pain or soreness, the gums healthy and naturally colored—the alveolar considerably absorbed and everything indicating health. She expressed her conviction, that the disease was eradicated, which I judged to be the case.

Now, was this maxillary and malar absorption—for such I now consider it to have been—which had produced a lasting and unnecessary deformity, the result of diseased action induced by this large oxidated amalgam filling, or was there sufficient cause without it in the dead teeth and roots ? To me it was evident that the tooth containing the filling was the most directly implicated in the disease, accompanied as it was by tenderness along, and at the extremity of its roots, at my first examination, and at the second, it had extended to the second molaris, thus showing if either had been the exciting cause, it must have been this one. But the question then will arise, was the disease if from either, attributable to the filling or to the roots ? If the

former, why should it after having remained in the mouth some five or six years without inconvenience, abundant time having elapsed for the complete evaporation of the mercury, at this late period produce these deleterious results? I am unwilling to charge it upon the fillings, yet am thoroughly convinced from the disease having been arrested by or spontaneously ceasing to progress simultaneously and with the extraction of the teeth, that there was some relation existing between them like cause and effect. Nothing like salivation or mercurial disease was witnessed and the whole appearance of the lady, at the time the teeth was extracted attested a healthy tone of the general system. The above treatment is all that I deem to have essentially to have effected the disease, no active remedial agent having been prescribed by me.

WM. A. PEASE.

AMALGAM FILLING.

DR. C. C. ALLEN:—

SIR:—I see from your October number which I have received, that the *gold* and *paste* advocates "are still in the field." Will this question never be settled? For the benefit of all whom it may concern, I will relate a case to you which occurred in my practice some *eight years ago*. Mr. T. of Paris, Tenn., called on me for the purpose of having the two lower *dentes sapientia*, plugged. On examination, I found them to be so much decayed, that I did not think expedient to fill either of them with gold, as at best they would not last more than a very few years, and concluded to fill the one *least decayed* with tin foil, and the other with mineral paste, which I accordingly did. I left Paris shortly after, and did not see Mr. T. until last summer, when he again called on me for professional services; on this second examination, I found that the tooth which I plugged with tin had broken off at the gum (this Mr. T. told me had occurred some two years before), while the one which had been plugged with paste was still sound, and to use his own language "*did excellent service.*" This is a very plain statement of fact, and lest you should judge from it that I am an advocate of the *paste practice*, I will say that I have not in the last ten years practice filled ten teeth with any other material than *gold*, which I believe to be the best, better than any other substance for that purpose, still I think that if "mineral paste," could be put in the hands of the scientific only, it could be used *occasionally as a palliation*.

You can either publish the above or not.

Yours,

Very truly,

J. FOUCHE.

Knoxville, Jan., 17, 1848.

NEW YORK DENTAL RECORDER.

JANUARY 1, 1848.

CHLOROFORM.

A NEW article for producing insensibility to pain during surgical and dental operations has recently been discovered by Prof. Simpson, of the University of Edinburgh, which, from present appearances, is destined to supercede both sulphuric ether and the prot-oxide of nitrogen. Prof. Simpson, it appears, had been for near a year experimenting upon different articles with a view to find some one that would produce the anæsthetic effect without the disagreeable consequences which often attend the administration of ether or nitrous oxide, and through the suggestion of Mr. Waldie, he was induced to try the perchloride of formyle or "chloroform." He enumerates the following advantages which it possesses over sulphuric ether.

1. A greatly less quantity of chloroform than of ether is requisite to produce the anæsthetic effect; usually from a hundred to a hundred and twenty drops of chloroform only being sufficient; and with some patients much less. I have seen a strong person rendered completely insensible by six or seven inspirations of thirty drops of the liquid.

2. Its action is much more rapid and complete, and generally more persistent. I have almost always seen from ten to twenty full inspirations suffice. Hence the time of the surgeon is saved; and that preliminary stage of excitement, which pertains to all narcotizing agents, being curtailed, or indeed practically abolished, the patient has not the same degree of tendency to exhilaration and talking.*

3. Most of those who know from previous experience the sensations produced by ether inhalation, and who have subsequently breathed the chloroform, have strongly declared the inhalation and influence of chloroform to be far more agreeable and pleasant than those of ether.

4. I believe that considering the small quantity requisite, as compared with ether, the use of chloroform will be less expensive than that of ether, more especially, as there is every prospect that the means of forming it may be simplified and cheapened.

5. Its perfume is not unpleasant, but the reverse; and the odor of it does not remain, attached to the clothes of the attendant, or exhaling in a disagreeable form from the lungs of the patient, as so generally happens with sulphuric ether.

6. Being required in much less quantity, it is much more portable and transmissible than sulphuric ether.

7. No special kind of inhaler or instrument is necessary for its exhibition. A little of the liquid diffused upon the interior of a hollow shaped sponge, or a pocket handkerchief, or a piece of linen or paper, and held over the mouth or nostrils, so as to be fully inhaled, generally suffices in about a minute or two to produce the desired effect.

We have seen the chloroform administered in several cases and always with decided success. The quantity necessary to produce the full effects, and the time necessary to inhale it before the effect is produced, varies considerably in different individuals. From sixty to one hundred and twenty drops, put upon a hollow sponge or handkerchief, and exposed to the mouth and nose, so that the vapor will be freely

* In practice I have found that any such tendency, even with ether, is avoided by, 1st, giving the patient from the first a large and overwhelming dose of the vapor, and 2dly, by keeping him perfectly quiet and still, and preventing all noise and talking around him. I have elsewhere insisted on the importance of these points, and 3dly, by not commencing the operation until the patient is completely under the influence of the vapor and "*thoroughly and indubitably soporized by it.*"

inhaled with the atmosphere; from one to three minutes will generally induce the full effect.

Dr. J. F. Flagg, of Boston, who has from the first disapproved of the indiscriminate use of ether, thus writes to the editor of the Boston Medical and Surgical Journal in reference to Chloroform.

DEAR SIR:—As the articles above named are exciting much curious inquiry, and deservedly so: and as owing to the position into which I was urged about a year since in relation to the first of them, being called upon to reply to numerous questions, at home, and letters from a distance concerning its use and its singular introduction, and am now applied to in a similar manner to state what I know of the use of chloroform, I am induced to send you the following brief remarks for insertion in your next number.

The chloroform is an article which I have looked for in the last twelve months, with what I might call prophetic hope, and which I am now glad to possess as a substitute for ether. I have used it in my operations ever since it was to be attained here, almost every day, and some days three or four times; and always with as full an effect to dissipate the sense of pain as I have seen from the ether, and without any, even the *slightest* unpleasant symptoms.

It is agreeable to inhale, prompt in its action (though not always so much so as ether) and the effects more transient after inhalation is suspended, the patients generally recovering in from five to fifteen minutes, so as to feel as well as they did before taking it. It promises, therefore, at present, to be as useful in dentistry, as ether has proved to be in general surgery and in thousands of other cases where it has dispelled much suffering. I have generally succeeded with from thirty to sixty drops, and in from one to three minutes, to produce the desired effects.

With regard to the other article, ever since I was able to obtain from good authority an undisguised statement of its nature—that the “compound anodyne gas, the letheon,” was simple sulphuric ether—I have used it whenever I thought it desirable to do so, in all my most severe operations about the mouth and teeth; and also for the extraction of a single tooth, when the patient was unalterably determined to have it administered, excepting in cases where I considered it would be hazardous on account of some disease or infirmity, when I have positively refused to give it for so slight and momentary an operation. And although in a very large proportion of the cases I have seen no materially evil effects, but on the contrary an entire unconsciousness or forgetfulness of suffering; yet I have witnessed results which I should feel unwilling to cause or see repeated, and should feel bound to prevent by all due caution to those who might be influenced by my advice.

Dr. Harris also, of Baltimore, has given a favorable opinion of Chloroform in a few cases, in which he has used it. All the dentists in our city, so far as we have been able to learn, have substituted the above article for ether, and express themselves delighted with its operation.

It can be had at Jones, White, & Co's. Dental Depot, and also at all the principal druggists'.

A PROFESSIONAL VISIT.

A few days since, we visited Dr. —, a practical dentist, formerly a physician in a neighboring town. From what we had previously heard of this gentleman's practice, we were favorably impressed, and the recent visit which we made him has confirmed us in the opinion that he is worthy the confidence of the public.

As we never examine the office, laboratory and instruments of another dentist without gaining some new ideas; we will, for the benefit of our readers, state what we saw, that was particularly interesting, in the office of our friend, premising that he is not one of those who have adopted the motto of “Hold fast all I give you,” but is free to

communicate his own ideas of practice to any of his professional brethren, in good standing, who are willing to reciprocate the favor.

The first thing which attracted our attention in the laboratory was several impressions taken in plaster of Paris for full sets of teeth, both upper and lower. We had previously substituted plaster for wax in taking impressions of upper jaws, but had never ventured it on the lower jaw. The Doctor informed us, however, that there was no more difficulty in the one case than in the other, and that he had been much more successful since he commenced using plaster than he ever had been with wax. If the plaster is mixed so as to give it the proper consistency, it will readily adapt itself to the jaw, without pressing it into contact with the gums, as is necessary with wax. The head of the patient should not be thrown back as is usual when wax is used, but he should sit upright so that the alveolar process may be about on a level, which prevents the surplus plaster, if there is any (which will be avoided by a little experience,) from falling down into the pharinx, where it may produce much inconvenience, such as coughing, retching, &c. The plaster should be of the best quality, and if properly mixed may be removed from the mouth in about eight minutes. During the first four or five it should be held steadily by the operator, and after this time the patient may be allowed to close the opposite jaw against it, or hold it in the most comfortable manner for himself. By examining the remains of the plaster in the dish in which it was mixed, the operator can always tell when the plaster has set firm enough to be removed from the mouth. Some care is necessary in removing it when set. The cheek and lip should be pressed away so as to admit the air to the edge of the plaster, so that it can immediately enter between the gums and the model, which should be first started from the jaw at that point; attention to this precaution will prevent adhesion from suction, or atmospheric pressure. It will also prevent wax from collapsing, when that article is used for taking impressions. A little practice with plaster of paris in this manner, will overcome all the difficulties and awkwardness attending the first few attempts, and we are satisfied will amply repay for the trouble. We were informed by an intelligent and skillful Dentist, last summer, that the use of plaster of paris for taking impressions for full upper sets was an established practice with him, and had been for a long time, and that the operation was attended with no more trouble than when wax is used.

Another thing in the laboratory of our friend which struck us as new and an improvement, was the use of olive oil instead of water for moistening his moulding sand. This effectually prevents all bubbling of the metal when first cast into the sand, which is caused by the escape of the vapor generated from the water in the sand. It also supersedes the necessity of moistening the sand every time it is used, and causes the sand to take the impression of the model and retain its true form after the pattern has been drawn, as well as water. There is also less difficulty in drawing the model, as the sand does not adhere to it in the least, if it is previously varnished with an alcoholic tincture of gum shellac.

In the office we also noticed the same order and system carried out which was so successful in the laboratory. The instruments for filling teeth were arranged in classes, and that the eye might at once detect the one wanted while lying mixed up with many others of a similar form and appearance on the operating table, the handles were lettered and numbered. For instance : some half a dozen pluggers of one pattern bore the letter A., and the size of the point was indicated by the figures 1, 2, 3, &c. ; the same system was carried out with the excavators, burnishers and scalers.

If the miserable jealousies, selfishness, and conceit which unfortunately are too often met with among the practitioners of the Dental Art, could be done away with, and dentists would meet for mutual improvement, and explain to each other their various modes of operation, we should soon see a vast improvement in the character of dental operations. This would give the public more confidence in those operations, the consequence of which would be, that where one is now performed there would be ten times as many. Hundreds who are now deterred from employing dentists, because their operations have failed in the mouths of their friends, would flock to them and willingly part with their money to save their teeth. In this way a uniform practice would soon be established throughout the land, founded on the combined wisdom and experience of all, and "A system of Dental Surgery" might then be written, which is at present a desideratum.

SUICIDE.

On the evening of January twenty-first, Mr. Horace Wells, late a practising Dentist, of Hartford, Connecticut, was detected in throwing vitriol upon the dress of a female in Broadway. He was immediately arrested and conveyed to the police station house, and on examination stated that the act was committed under the inebriating influence of chloroform. The case was put over until Monday by the Police Justice, and in the mean time Mr. Wells was committed to the city prison. On the opening of his cell on Monday morning, it was found that he had committed suicide by severing the femoral artery in his left leg with a razor.

During the evening he had written several letters, from one of which we extract the following. "I had during the week been in the constant practice of inhaling the chloroform, *for the exhilarating effect produced by it ;** and on Friday evening last I lost all consciousness before removing the inhaler from my mouth ; how long it remained there I do not know, but on coming out of the stupor I was exhilarated beyond measure, exceeding anything which I had before experienced, and seeing the phial of acid (which had been used a few evenings previous as before described) standing on the mantle, in my delirium I seized it, rushed into the street, and threw it at two females. I may have thrust it at others, but I have no recollection farther than

The italics are ours.—(Ed. Recorder.)

this. The effects of this inhalation continued very much longer than ever before, and did not entirely pass off until some time after my arrest."

The full effects of chloroform when taken in an over-dose, are not yet well understood. It is probable in this case, as stated by Mr. Wells, that, owing to the excessive quantity which he had inhaled, the effects lasted much longer than when it is given only in sufficient quantity to produce temporary insensibility. We know that the effects of nitrous oxide when inhaled, is to cause the person inhaling it to enter with his whole soul and strength into whatever happens to impel him at the moment; thus if taken in a frolic, as has generally been done, he is extremely vivacious and mirthful; but if inhaled to prevent pain during surgical operations, no such appearances are manifested, the patient remaining quiet, and watching the operation with as much calmness as any bystander. If, as is generally supposed, the effects of chloroform are similar to those produced by the "laughing gas," it is not singular that Mr. Wells, under its influence, seeing the bottle of acid standing before him, should be irresistibly propelled to seize it, rush into the street, and sprinkle the first abandoned female he met, as he had seen another do before. Ten minutes after inhaling the chloroform and leaving his office was sufficient time for him to have reached the spot where he was arrested. The statement of the lady with whom he was boarding in Chambers street, shows that his whole system must have been thoroughly saturated with chloroform, for she asserts that on entering his room where he was distilling it, the atmosphere was so completely impregnated with it, that she could not remain. She also states that there was something strange in the appearance and conversation of Mr. Wells for several days previous.

Those who have known Mr. Wells the longest and most intimately, speak with confidence of his entire freedom from every species of rowdyism and immorality. He was a man esteemed and beloved by all who knew him in Hartford, where he had resided for many years, until within a few weeks, an exemplary member of a Christian Church, and had fewer enemies and more friends than falls to the lot of most men of his age. There is a melancholy mystery attending this case which may never be cleared away, unless the chloroform, when better understood, shall be found to produce on others a more lasting and impulsive effect than has generally attended its administration.

The chloroform when used in a proper manner is undoubtedly capable of preventing and alleviating an immense amount of pain and human suffering, and may thus be made an inestimable boon to humanity; but if the depraved desires and appetites for excitement and exhilaration shall cause it to any considerable extent, to take the place of alcohol or opium as an habitual stimulant, it will prove a curse instead of a blessing, to our race. Mr. Wells admits that for several days he frequently inhaled it for its pleasurable exhilaration—let others take warning by the effects produced on him and avoid taking it themselves or administering it to others unless in cases of absolute necessity.

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF
SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol. II.

MARCH 1, 1848.

No 6.

To the Editor of the Dental Recorder:

SIR,—In the proceedings of the “American Society of Dental Surgeons,” as published in the journal of the Society, it is stated that twenty-eight members were present when the Society was called to order by the President, at Union Hall, at half-past nine o’clock, A. M., August 3.*

Now, it is a well known fact that at no time during its session was that number in attendance, and that a majority of those who were present, during the first day, did not arrive at Saratoga until the hours of eleven and twelve o’clock. Yet a meeting did take place, at nine or half-past nine, of a part of the number—all of which were of one party in the amalgam controversy; but whether a quorum was present or not it would be difficult at this time to determine. The few that were present at the organization, although but a small minority of those that would probably be in attendance, in *great haste*, proceeded to organize, and appointed a Committee, who were requested to report some plan of disposing of this subject at this meeting. This Committee consisted of five members, all of whom were of the anti-amalgam party; and before this Committee the members of the Society who had failed or refused to sign the protest, were invited to appear—but, finding the Committee *exparte*, they verbally protested against its organization as informal and unprecedented.

Why such haste in this most important business? The members usual in attendance at the annual meetings had not arrived—it was but the first hour of the session, and none of those most to be affected by the doings of the Society were present.

Why, I ask, such haste? The answer may be found in the sequel. At the three o’clock session, the Report proceeds to say two resolu-

* The Secretary in his published proceedings has recorded the names of all who were present at any time during the three days that the Society was in session, as having been actually on the spot when the Society was first called to order, at half-past nine. The whole of this record shows great carelessness on the part of the Recording Secretary or the printer; thus Dr. Keep is made to have tendered his resignation twice, and each time it was accepted, and the choice of Officers also, if we mistake not, was on the last evening of the session.—ED. RECORDER.

tions were reported from the Committee. On motion of Dr. Merryman, this report was unanimously accepted.*

The resolutions were adopted not unanimously, however, as stated in the published proceedings, for neither Drs. Lovejoy, Laroque, nor Merryman, voted for them. As the narrative proceeds, we find several cases of delinquents were passed over, or deferred, until the case of Dr. Lovejoy was called up, who defined his position with regard to the subject and the Society, and gave the reasons which had influenced him in refusing to sign the protest of the Society; and expressed his entire abhorrence of that mental bondage they were attempting to fasten upon the members. After the Doctor had concluded his remarks, a resolution to expel him was offered by Amos Westcott; and the yeas and nays were called, (which fact is not stated by the author of the proceedings), and the resolution carried by a constitutional majority of ONE. The yeas, we believe, were nine; the nays four, the accused not voting.

Thus it will be seen that twenty-eight are published to have been present at the organization of the Society at Union Hall, at half-past nine o'clock, and at the afternoon session, when all the members in town were present, except one, there were, we believe, but thirteen voting upon a call of the yeas and nays; and six of these, perhaps more, arrived in the village between the hours of eleven and twelve o'clock. The necessity of all their haste is now apparent. The constitution required a majority of two thirds present to expel a member.† The probabilities were that the afternoon train of cars, which would shortly arrive, would bring with them such an accession of strength to the minority as would effectually derange their plans and prostrate their purposes; besides it was known that one gentleman connected with the minority had returned to New York for important papers belonging to the Society, who was expected that afternoon or the next morning, and who alone, had he been present at the time, could, and would, have prevented so flagrant an act of injustice. Thus the deed was done and their power consummated by a species of cunning and unfair management which would and should disgrace a conclave of pot-house politicians; and all must now feel its withering influence who did not stultify themselves by submitting to their impudent mandate.

* Dr. Merryman denies having moved the acceptance of this report; and contended, at the time, that it contained no such concession as the majority was bound to make to a large and respectable minority.—ED. RECORDER.

† The constitution, up to the annual meeting in 1846, required a vote of three fourths of all present as necessary to expel a member. At that meeting it was altered in the following manner:—A number of the members then present had refused to sign a protest against the use of amalgam, sent them during the preceding year by the Secretary; for which offence they were disfranchised and deprived of all privileges in the Society. The above amendment was then made, after which the suspended members were reinstated; thus foreseeing the necessity for greater numerical strength, in order to consummate their plans, they sought and obtained it in the above change of the constitution. Thus it will be seen, had the constitution remained as it was found in 1846, Dr. Lovejoy, with all their precipitation, could not have been removed at the time.

This case having been disposed of, that of Mr. Laroque was next taken up, who stated in substance, that, since the introduction of amalgam into the country by the Crawcours, he had used it in the filling of some forty or fifty teeth: he did not look upon it as a substitute for gold or tin-foil, but a substance that may be used when those means are not available from the nature of the case to be treated. In every instance in which he had used it, he believed essential benefit had resulted to his patient; he had heard no complaint from them, nor seen any reason to change his opinion with regard to its utility. If ignorant and unprincipled men have misused the article, and he was perfectly satisfied they had, it afforded no sufficient reason why his patients should be deprived of its judicious use. Knowing, therefore, its advantages, he felt himself bound, as heretofore, to use it as occasion may require.

After the above explanation, the resolution to expel him was carried, though the yeas and nays were not taken; the vote was as it had been in the case of Dr. Lovejoy, with the exception of Mr. Laroque not voting. The next case acted upon was that of Mr. Merryman. The author proceeds—"On motion, George Merryman was *unanimously* expelled." Poor fellow! was there ever an individual so destitute of friends?

Those who voted in the negative, upon the resolution to expel Dr. Lovejoy, were Drs. Allen, Lord, Larauque, and Merryman.

It was known to all the members present, that though Drs. Allen and Lord consented in the spirit of compromise to abstain from the use of amalgams in their practice, yet they protested against the action of the Society in thus expelling members, as being unconstitutional; and continued to evidence their opposition by uniformly voting against the expulsion of all, whether expelled under resolution A, or that of B.

Though the yeas and nays were not taken in this case, I can confidently appeal to the above-named gentlemen for the truth of the statement.* From the above, it may be seen that the *unanimous* expulsion to which the author refers might have been written with more justice to Dr. Merryman,—unanimously expelled by the nine who voted for the expulsion of Drs. Lovejoy and Larauque. But why has the author so unceremoniously expelled George Merryman without giving the substance of his defence, as well as that of other members

* It gives us pleasure to state that Dr. B. Lord and Dr. C. C. Allen have from first to last opposed the arbitrary action of the Society, in reference to the use of amalgams in dental practice. They were present and voted in the negative upon the expulsion of every member. When, near the close of the session, Dr. J. H. Foster introduced a resolution to deprive Mr. Christopher Starr Brewster of his honorary membership, which had been conferred upon him without his knowledge, as a token of respect for his eminent abilities as a dental surgeon, Dr. C. C. Allen was the only member who voted in the negative. We are anxious that our professional brethren should know and remember this fact; for we are satisfied that the time will yet come when members of the American Society will be ashamed of this act. Mr. Brewster stood among the first as a dental practitioner; while at home, and since he has been abroad, he has, by his own efforts, raised himself to such a degree of eminence that throughout all Europe he is known as "The American Dentist."—ED. RECORDER.

made before the Society? When asked, like a criminal about to be sentenced, what he had to say, Dr. Merryman stated, that, up to the time of the meeting of this Society, in 1846, he had not in any single instance used the amalgam for dental purposes; that his convictions and prejudices were against its use, from the fact that in many instances he had seen its great abuse; but, upon the recommendation of several gentlemen, in whose integrity and professional skill he had the utmost confidence, he had been induced to use it experimentally in the filling of some five or six cavities. Time sufficient had not elapsed to determine the results of these experiments; but, so far as he was enabled to form any opinion, it was so favorable that he should feel justified in treating similar cases in like manner.

After the above explanation, Dr. Merryman was expelled from the "American Society of Dental Surgeons," because he refused to yield the right of private judgment to the dogmas and mandates of others. The following resolution, reported from the Committee, is said by the author to have been *unanimously* adopted, which has been shown to be false:—

"*Resolved*, That your Committee will not recommend the expulsion of any member who is not in the practice of using or recommending the use of amalgams for filling teeth."

And yet we find several members were expelled under the following, designated as resolution B:—

"*Resolved*, That — be and he is hereby expelled from the American Society of Dental Surgeons, for refusing to comply with their positive mandate, by refusing to sign the protest of this body relative to the use of amalgams for filling teeth."

The question is, were all the members expelled under resolution B, in the practice of using or recommending amalgams for filling teeth? If they were, why were they not expelled under resolution A, and let the fact be stated? But if they were not, and there is no evidence afforded in those published proceedings that they were, why expel them at all, as the Society had so recently declared with so much unanimity that they would not expel any member who was not in the practice of using or recommending the use of amalgams for dental fillings? The Society would have evinced more consistency, and have exhibited more liberality, had they faithfully observed this pledge, and also manifested some feeling of respect for those members who desired not to sign the protest, from considerations of professional privilege; but the resolution was disregarded, and all were either expelled or required to give their written pledge that they would not use amalgams.

In conclusion, we can but regret the issue of this meeting. The meetings of the Society, apart from this unfortunate controversy, were of interest and profit to all, and to none more than the expelled members; and nothing but a sense of duty could have induced them to sacrifice the pleasures of fellowship. Although we may conceive that illiberality and injustice has characterised the conduct of the majority toward the minority, yet if the proceedings of the Society

had been published as they actually transpired we should not have felt constrained to have made them a subject of comment; and now that those differences have been settled satisfactorily to the Society, we can but hope that peace and harmony may continue among them, and that the best results may ensue to those whose interest they seek to promote.

AN EXPELLED MEMBER.

[For the Dental Recorder.]

PARMLY VERSUS AMALGAM.

CASSIUS.—That you have wronged me doth appear in this.

BRUTUS.—You wronged yourself to write in such a case.—*Shakspeare.*

Mr. E. Parmly, with his well waxed wings, again soars upon *his* great atmosphere of *truth*, to prove the Dental Profession to be “dishonest,” “quacks,” “mistaken,” “full of errors, falsehood,” &c. &c.—from Sir Samuel Cartwright, Brewster, Trenor, Baker, through all gradations of the learned and scientific *down* to the simple and unlearned; all who have sufficient knowledge and independence, to dare their opinions in opposition to his own.

The attempt to throw a doubt, as well as the insinuation (see *Dental Recorder*, No. 4), that Dr. Houston's Report, regarding the death of Mr. Ames (peace be to his ashes), is incorrect and false! is as gratuitous as his aspersions upon his professional competitors. In justice to Dr. Houston, while absent, I feel bound to reply to Mr. Parmly. If Dr. Perkins, dentist, of Springfield, made and signed a false statement, of his having filled the teeth of Mr. Ames's sister with amalgam, and that it met with Mr. Ames's approbation, Dr. Perkins, to speak plainly, must be the liar, and it does not alter the correctness or the truth of Dr. Houston's report. If the gentleman, who with his signature supports Dr. Perkins's statement, is a *liar*, as Mr. Parmly insinuates, it does not at all militate against the truth of Dr. Houston's report. Dr. Bemis, his physician, who attended Mr. Ames, made a statement to Dr. Houston that Mr. Ames died of a complication of disorders and general disorganization (physiologically) of the system—and that of so obscure a nature that he “really did not know of what disorder he died,” &c. Dr. Bemis also authorized Dr. Houston, using his statement “to uphold, and in behalf of science and truth.” If Dr. Bemis deny all this to Mr. Parmly, and tell him a different story, it does not render Dr. Houston's report less correct in the estimation of those who know him as a public reporter, or as containing any mis-statements or errors; for Dr. Houston noted the conversation at the time on the spot; and I dare any man to stand forth and state, that during the many years of political, medical, festive, and other reports, that he has ever made an intentional mis-statement in a single word. I therefore do, without hesitation, state that the ungenerous insinuations are as wanton, as that of charging his professional brethren with quackery, dishonesty, &c. The crime of Dr. Houston, in the sight of Mr. Parmly, is his holding opinions adverse to his own immaculate ideas,

of what he is pleased to term "warning truths." Had Dr. Houston's opinions been otherwise, it would have been, "the talented editor of the *New York Lancet* states," &c.

Dr. Parmly pertinently asks, "if, of the 15,000 teeth filled with amalgam, some of them might not have been filled with gold?" They might have been filled with gold or with Mr. Parmly's *celebrated soft filling*, but whether with the same results, Q. E. D. Mr. Parmly constantly states and implies, and thereby wishes to lead the minds of his readers astray, that dentists recommend amalgam as being better than gold. It is untrue—they recommend it as being better *adapted* for certain teeth, but not as being a better material; eighteen carat gold is not so good as twenty-four carat gold, and yet the eighteen carat gold is better adapted for the basis of artificial teeth in the mouth than the twenty-four carat, which is the best material in value of the two.

Mr. Parmly visited Springfield (the scene of Mr. Ames), at least once and, as I am informed, twice after Dr. Houston's report appeared, and sojourned part of the time under the hospitable roof of Dr. Bemis. Why has not Mr. Parmly published *his* report of all he heard and saw? Where is the medical certificate of the real attending physician? If Dr. Bemis were not Mr. Ames's doctor—as Dr. Bemis stated—why not publish proofs of Mr. Parmly's immaculate truth, and justify his assertions, that all opposed to him in opinion are dishonest knaves? The answer is plain—he cannot.

In regard to an amalgam of silver and quicksilver becoming oxidized in the shape of black oxide of mercury, and a sulphuret, it will be found that the *sulphuretted* oxide of silver and not of quicksilver are formed from the sulphuretted hydrogen and acids emitted from the mouth and digestive canal; and all the chemists in the world cannot make or show it in truth otherwise. The quicksilver is merely sulphuretted, and it is well known that the sulphuret of quicksilver is as innocuous as it is insoluble, and is only medicinally used in one form (cinnabar) by the application of *heat*, for the purpose of fuming ulcers. The sulphuret of quicksilver was at one time given as a *mild form of mercury* to children. Its perfect innocence of all medicinal qualities brought it into disuse.

Now what are the published proofs that Mr. Ames's death was caused by amalgam fillings in his teeth? Under the signature of E. Parmly we find:—

First Proof.—His death was attributed to poison from swallowing, in the night, the material with which a European dentist filled one of his teeth a couple of years since. * * * Mr. Ames informed a friend residing in this city that he had teeth filled in Paris with "paste," and had not seen one well day since.—*Tribune*, May 26, 1847.

Second Proof.—Dr. Parmly's friend, Dr. Crane, comes to his rescue, and states that—"A friend of his met Mr. Ames at the Springs, who heard him say, 'When he arrived in Paris, he found it necessary to employ a dentist, and called on Messrs. —. (No name.)

The dentist filled them with mercurial cement. He had never seen a well day since.'"—*Tribune*.

Third Proof.—Another friend states that Mr. Ames had his teeth filled in London (not Paris), by an amalgam dentist.—*Tribune*, June 2.

Fourth Proof.—Mr. Parmly publishes a letter from Mr. Ames, stating that his teeth were filled in London, and the fillings taken out in Paris.—*Tribune*, June, 1847.

Fifth Proof.—Dr. Parmly publishes a pamphlet containing a letter from Dr. Bemis, who attended M. Ames for a long time during his illness. In that letter Dr. Bemis states that—"Mr. Ames's case was a very obscure one. * * * In my opinion no definite facts can be elucidated in his case having a *decided bearing* upon the subject of mineral amalgam."

This goes to prove that Dr. Houston's report was correct, and, in the words of Dr. Bemis, "the idea that Mr. Ames had been injured by swallowing an amalgam of quicksilver and silver, was too ridiculous to be entertained for a moment."

I have introduced these contradictory proofs to show with what avidity men seize upon the most trifling rumors to sustain their own false principles and prejudices.

A. C. CASTLE.

New York, January 12, 1848.

LETTER FROM DR. BAKER.

To the Editor of the Dental Recorder :

SIR,—Having in my letter, in the former number, shown, as it is believed, to the satisfaction of all impartial minds, that Mr. Parmly *did* mean, by false statements and mis-representations, as set forth in the newspapers during last summer, to excite a prejudice in the public mind against all dentists, without discrimination, who made use of any amalgam for filling certain descriptions of teeth, and thereby showing the perfect justice of calling his charges calumnious, I now proceed to a farther examination into the truth and merits of his communication in the *Recorder*.

The second and last resolution adopted at that meeting of dentists to which Mr. Parmly alludes, was, "Resolved, that, in order to put the public in possession of the facts of the case, a disinterested and competent medical man be sent to Springfield, the residence of the late Mr. Ames, and there institute all inquiries necessary to elicit the *whole truth* as to the correctness or falsity of Mr. Parmly's statements."

Accordingly, Dr. James A. Houston was employed to go to Springfield to make the necessary inquiries and elicit facts; and when returned he made his report. See the first part of it in Mr. E. Parmly's letter, in the *Recorder* in the January number.

As it respects the first part of Dr. Houston's report, Mr. Parmly "affirms that it does not contain one word of truth from beginning to end;" virtually denying that Dr. Houston went to Springfield, or that

he had an interview with Dr. Perkins, or that this gentleman gave any information relating to Mr. Ames's case ; or if he did, all he said was totally false, although sustained by that of Mr. Bowdoin.

Now, on a revision of the report, all the inaccuracies are the two following, which are not of the least importance as it regards the *facts* in Mr. Ames's own case ; and nothing remains to be corrected except instead of Mr. Ames's *sister* it was his *sister-in-law* who had a tooth or teeth filled with amalgam by Dr. Perkins,* and instead of *Paris* it was *London* where Mr. Ames had *his* filled.† Mr. Parmly continues : "This gross departure from truth made and published to my prejudice, does not speak well for his (Perkins) professional or moral honesty."

Mr. Parmly, in consequence of some small inaccuracies of no importance, evidently attempts to get up a false issue and to create distrust in the minds of his readers as to the truth of any part of Dr. Houston's report. It is astonishing, it is painful, to see a man of any parts and ability making use of the most unworthy artifices, and descending so much below what ought to be his true line of conduct and character ; but he has so strongly committed himself against amalgam, *in all cases*, that as new light is thrown upon it by the test of experience and observation he is obliged to fortify himself by sophistry.

Dr. Houston, in a card published last summer, stated the course he should pursue relating to Mr. Parmly. Perhaps Dr. Perkins means *tacitly* to follow the same course, or he may be reserving a "rod in pickle."

In answer to Mr. Parmly's remarks last summer respecting his interview with Dr. Bemis, Dr. Houston says :—"The statement made by E. Parmly, in an advertisement in the *Tribune*, so far as regards my interview with Dr. Bemis, in relation to the late Mr. Ames (*requiescat in pace*), is WHOLLY FALSE.

"E. Parmly is undoubtedly insane on the subject of 'amalgam,' and hence I regard and treat the whole affair as beneath contempt.

"JAMES A. HOUSTON,

"Late Editor of the N. Y. Lancet.

"New York, Sept. 23, 1747."

Dr. Bemis gave to Dr. Houston a full and interesting account (much more so than has appeared in print) of Mr. Ames's case, and that he and his associate, the late Dr. Flint, were the medical attendants and advisers of that gentleman for five or six years after his return from Europe. It appears, from Mr. Parmly's own account, that they were not informed that their patient had had previously any of his teeth filled with amalgam ; or if they had been informed of it, "that cir-

* It has been stated that these teeth were filled by Dr. Perkins while Mr. Ames was in Europe, or before he went, and of course not with his approbation. Dr. Houston has given his authority, which is substantiated by another witness. If the statement is false, let Messrs. Parmly, Perkins, and Bowdoin, settle that matter among themselves.

† The first authority for the statement that Mr. Ames's teeth were filled in Paris was over Mr. Parmly's own signature in the *Tribune* of May 26, 1847 ; while, on the 15th of June following, he most triumphantly accuses Dr. Perkins of falsehood, because he had fallen into the same error. Oh, consistency, thou art a jewel!

cumstance had not been allowed to have the least weight in the diagnosis, prognosis, or treatment of his case."

Now, is it not most extraordinary that Mr. Ames did not, if he continued to believe that the amalgam was the cause of his sickness, relate that circumstance to his physicians? The fact is, he had long ceased to think so. The last we hear of it from him, is in a letter dated at Maurice's Hotel, Paris, October 10th, 1840—a few days after he was taken sick. We hear nothing more about "amalgam" when he consulted Dr. Mott,* who was then in Paris, as appears in his (Mr. Ames's) letter, dated February 21st, 1841. Mr. Ames's case being a chronic and obstinate one, his physicians, of course, would be very particular in making the most minute inquiries, in order to guide them in their treatment.

It is a matter of no consequence whether or not Dr. Bemis attended Mr. Ames for a short time *after* the commencement of his sickness, or before his death, as Mr. Parmly seems to think. Dr. Bemis attended him, as we understand, until a few months before his death, when, finding no relief from medicine, he had recourse to hydro-pathy.

Mr. Parmly states in the newspaper of June 7th last, that he did not intend to say any thing about Mr. Ames's case until he had obtained a *statement* of it from his physician. Now, as Mr. Parmly has never been able to *get* such a statement as would answer *his* purpose, what a deal of public alarm would have been avoided, and the ashes of Mr. Ames would never have been rudely and profanely disturbed, had he in the first place obtained those certificates.

In the conclusion of the report of Dr. Houston, he states that he mentioned to Dr. Bemis, "that the people of New York had been told that the amalgam of silver and quicksilver was poisonous." "What!" Dr. Bemis exclaimed, "have you no educated physicians and chemists? how then can such statements gain credence?" Mr. Parmly replies to this in the affirmative, and "is happy (very thankful for small favors,) in being able to produce the testimony of Dr. James R. Chilton, one of the ablest chemists that New York or the country at large has produced, and who has from a careful and patient investigation of more than two months established *all* he (Dr. Parmly) has said of amalgam (mark that), and declared it to be a substance capable of being acted upon by the agencies of the mouth to such a degree as to form the oxide and sulphuret of mercury with sulphuret of silver, and oxide of copper, when the mercury is combined with the ordinary filings of silver coin."

Dr. Chilton does not say any thing to neutralize or invalidate the opinion of Dr. Bemis, which is in accordance with that of the whole medical faculty of this city, with the exception of perhaps a few homeopaths. Dr. Chilton has only described the *internal* appearance

* I have ascertained that a son of Dr. Mott had a tooth filled with amalgam; but whether it was done with the Doctor's approbation I know not. If he had thought it was dangerous, the son most likely would have been influenced by his father.

of some diseased teeth, which has no connection with the *external* agencies within the mouth, and "which," he says, "had been filled a long time previous to being extracted;" and he continues: "From the various experiments which I have made both on the external surface of the amalgam found in the cavities of those teeth, and upon the discolored portion of the teeth themselves, I have no doubt that the discoloration has been produced by the decomposition of a portion of the amalgam, by the agents with which it has come in contact in the mouth, (instead of the *mouth* he should have said with the decayed matter *within* the teeth), thereby producing both oxide and sulphuret of mercury."

These teeth examined by Dr. Chilton "had been filled for a long time previous to being extracted"—some of them injudiciously, no doubt, when the decay had not been removed, or when there was periastral irritation; but all the effects such teeth would have would be nothing more than local irritation and inflammation. Dr. Chilton does not say that *such* teeth would produce a mercurial effect on the system.

There is no doubt of the high standing of Dr. Chilton, and that being well paid no doubt he gave the result of his investigation as favorably as he could to Mr. Parmly, and he and the Doctor have been in labor more than "two months" *et nascitur ridiculus mus*, is the result.

Thus, sir, in as concise a manner as possible, I have noticed some more of Mr. Parmly's "errors;" and it would seem the more he writes the more he errs. All of any importance which relate to Mr. Ames's case, are simply matters of fact growing out of it. The case itself establishes nothing against the use of amalgam, and has only served his purpose to alarm the old ladies, and to calumniate his professional brethren; and he, with all his industry, (worthy a better cause), and endorsed by eight professional brethren,* will be obliged to yield to truth.

After all, I have more charity for my old friend than many have. I do not exactly think him a monomaniac on this "subject of amalgam," but I think him of a peculiar *idiosyncrasy* of mind, more apt to believe in dogmas than truths.

Now, Mr. Parmly, and the immortal eight, say, in effect, their opinions shall not be impugned, that they are infallible, and they cannot err.

Sir Humphrey Davy says, that to continue the work of improvement, no dogmas, however plausible, ought to be protected from investigation.

E. BAKER.

* As an offset against these eight, we will put the names of eight dental surgeons, who will be known, with one or two exceptions, wherever dental surgery is known—all of whom in particular cases use amalgam for stopping teeth. They are Cartwright, ~~Howes~~, Brewster, Keep, Trenor, Lovejoy, S. Dodge, and B. A. Rodrigues.

Forbes

B

g

[For the Dental Recorder.]

DR. CHILTON'S "CHEMICAL INVESTIGATION" OF AMALGAM.

"NEW YORK, November 13, 1847.

"E. PARMLY, Esq.—Dear Sir,—In accordance with your request, I have made a chemical investigation of the various decayed teeth which you handed me, the cavities of which were more or less filled with the amalgam of silver and mercury. These teeth presented the appearance of having been filled a long time previous to being extracted. The metallic filling of each was quite black, and in some it was of a porous or spongy texture. Upon breaking open the teeth, and removing the fillings, the cavities, to a considerable depth, were found to be greatly discolored, some being quite black, and in one it was of a dark green color, which extended even to the extremity of its roots.

"From the various experiments which I have made, both upon the external surface of the amalgam found in the cavities of these teeth, and upon the discolored portions of the teeth themselves, I have no doubt that the discoloration has been produced by the decomposition of a portion of the amalgam by the agents with which it has come in contact in the mouth, thereby producing both oxide and sulphuret of mercury, with a portion of sulphuret of silver.

"The tooth, the root of which was colored green, contained oxide of copper, no doubt derived from the amalgam which may have been made by mixing mercury with the filings of ordinary silver coin, which always contains a portion of copper.

"Very respectfully, yours,

"JAMES R. CHILTON."

DR. ALLEN,—It is to be regretted that Dr. Chilton did not in the above letter give the profession the proportions and quantity of the metallic oxide and sulphurets as found connected with amalgam; for the quantity and proportion of each are important facts to be ascertained. On them rests the whole question, whether the amalgam under any circumstances* is injurious or harmless on both constitution and teeth. Dr. Chilton does not say that the very small quantity of the oxide and sulphuret of mercury, and the sulphuret of silver found by him, is in the least injurious either to the teeth or constitution—he simply gives his opinion in reference to cause and effect. Dr. Chilton, in speaking of the discolored portion of the teeth, says—"I have no doubt that the discoloration has been produced by the decomposition of a portion of the amalgam by the agents with which it has come in contact in the mouth."

The fact that a portion of the tooth has been colored does not of itself prove that such coloring substance is either injurious or poisonous, for the solid portion of a tooth beneath the soft and diseased part is often found colored when it has never been filled, and yet the colored part free from disease. Young animals' teeth, with the other bones, can be colored red, and it produces no disease in them—no more than the amalgamation of the white and colored races, which produces a yellow or copper colored skin, are followed with disease. Dr. Chilton says, in his letter, "that some of the fillings were porous or spongy, and others of a dark green color." Although Dr. Chilton does not say that the porous or spongy condition was the result of the escape of the quicksilver from the fillings, yet such an inference might be drawn. But I cannot believe for one moment that Dr. Chilton

* Even when made imperfectly and of poor materials, and the cavity in the tooth not faithfully prepared or not prepared at all.

wished to be so understood, for he must be too familiar with the chemical affinity of quicksilver for many of the metals to advance such an opinion. If quicksilver is mixed with coarse silver fillings in too small a quantity to perfectly dissolve it, it forms a coarse porous or spongy compound; therefore it would be impossible for Dr. Chilton to say that the porous and spongy condition of some of the fillings which he examined was the result of the escape of the quicksilver, for the fillings may have been porous when placed into the cavities of the teeth.

The green color which was formed beneath some of the fillings may have been produced from an amalgam made by the union of quicksilver and copper, which has been used to a great extent.

As Dr. Chilton, according to Dr. Parmly, "was more than two months in making his chemical investigation" of the various teeth filled with amalgam, it is to be supposed that he is able to give the profession a more perfect account of his chemical analysis of the "oxide and sulphurets" found in them. Therefore I would ask the following questions:—

1. What was the quantity of the oxide, and sulphuret of mercury, and the sulphuret of silver, found in the tooth containing the largest and worst appearing amalgam; and was there any portion of the oxide and sulphurets found in the solid portion?

2. Will the oxide and sulphuret of mercury, and the sulphuret of silver, unite and form a dark-colored compound; and if so, in what proportions?

3. Will the saliva, or any other substance which may be taken in, or formed in the mouth, dissolve the compound of the oxide and sulphurets as found connected with amalgam fillings in the teeth; and if not, how does it find its way into the stomach?

4. What quantity of this compound will it take to produce mercurial salivation when taken into the stomach of an individual who is very susceptible to the influence of mercury; or, in other words, in what proportion is its power to produce salivation, compared with calomel.

J. S. WARE.

New York, January 24, 1848.

TOOTHACHE.

The Staff-Surgeon at Prescott, Canada, recommends as a remedy, and for securing carious teeth from the effects of changeable weather, a daily and habitual use of a *weak* solution of kreosote, saturating the tooth-brush with it and using it first; and cold or tepid water with any other tooth-brush afterward. He thinks that the carious process is suspended by this use of the kreosote. Reirhinbach records cases of caries cured by the use of the watery solution of kreosote, as does Tremanger. See also 'Cormack on Kreosote.' The writer has tried kreosote in the form suggested, for some time, and derived great relief. But it should be used with care. Q.

RECORDS OF PRACTICE.

EXCESSIVE HÆMORRHAGE FROM EXTRACTING A TOOTH.

CASE.—After filling several teeth for Mrs. L——, I advised the extraction of two fangs, the remains of the anterior and superior bicuspidæ, to which she consented, and they were removed without any difficulty. At the time of the operation, the bleeding was not greater than usual, and she soon after left the office. Twenty-four hours after, she called again, and informed me that the gum on one side, from which the longest root had been extracted, had continued to bleed ever since the operation. During the evening, she had applied an astringent tincture, procured from a dentist near by, on pledgets of cotton, but without producing any effect upon the hæmorrhage which continued as before. Alum was also tried several times in the night in the same way, but produced no effect. She informed me that she had experienced the same difficulty when having teeth extracted before, and that her child had also bled profusely from having a temporary tooth removed.

I learned also that a few years before she had suffered greatly from hæmorrhage after having an abortion, from which she narrowly escaped with her life. These facts showed plainly the existence of a hæmorrhagic diathesis, in which there is generally a want of strong and healthy action in the vascular system, especially in the capillary vessels.

The gums were in a soft and spongy condition, and bled freely on slight irritation. From all these indications, I formed the opinion that the bleeding was kept up from a want of contractile power in the mouths of the ruptured vessels, and not from excessive action.

One of the oldest pathological distinctions, and I believe a correct one among hæmorrhages, is the *active* and the *passive*: the former exists when the vascular system is in an undue state of excitement. Of this character are the critical hæmorrhages which often take place in fevers and other acute diseases. At other times hæmorrhagy exists with a state of general constitutional debility, and arises from causes that obviously weaken the tone of the system, as is well exemplified in some of the cases of menorrhagia; it is then denominated *passive*. Of this character I judged the hæmorrhage to be in the present case. The indication therefore seemed to be to apply a stimulus, which I did, and had the satisfaction to see the bleeding stop in a few moments. After wiping away the coagula from the socket, I applied a pledget of cotton dipped in the tincture of anthemis pyrethrum or pelatary of Spain. The cotton came away in a short time, and there was no recurrence of the bleeding. This practice will, I believe, generally be found successful in cases of this kind, which often alarm the patient, and give the dentist considerable trouble and vexation.

A.

GALVANIC ACTION IN THE MOUTH.

DEAR SIR,—I beg leave to call the attention of the readers of your

inestimable journal to the following narration, of a case of *galvanic action*.

Mrs. D——, of a scrofulous habit, called on me in the early part of last November to have the right superior lateral incisor filled on the side adjoining the cuspidati. The use of the file being indispensable, and not wishing to destroy the beauty of the tooth, I filed it as little as I possibly could and fill it properly. During the operation of excavating, a portion of the blade of a small instrument broke off, and remained in the cavity. I knew nothing of it at the time, and filled the tooth, it being impossible for me to see into the cavity.

About a week after, the lady called on me, and complained that the tooth was very painful. I accordingly examined it, and found that it had moved from its former position, and was very tender to the touch. Imagining it to be inflammation, I took out the filling, and with it came, to my amazement, the piece spoken of. I recommended her to apply one or two leeches to the gum, and to press the tooth up with her fingers; and, when all pain had ceased, I would refill it for her. Three weeks after, she called to have me refill it, which I did, the tooth having regained its former position, and, up to this time, she has had no farther inconvenience with it.

GEO. H. DELANGE.

Augusta, Georgia, Feb. 16, 1848.

In cases like the above, where the bottom of the cavity cannot be seen, and when the bone is exceedingly tender and sensitive, it is often difficult to determine whether the nerve is exposed or not, especially if the patient has never had a nerve touched with an instrument; for if they have, they can never mistake: in these cases it often requires very nice investigation to form a correct diagnosis. Attention to the following indications, however, will generally determine.

If the tooth has ever been painful, and the pain was of an acute lancinating character, and continuing for a considerable length of time, gradually passing away or suddenly ceasing by any unusual diversion of the mind, it is a strong indication that it proceeds from the exposed nerve; but if the pain is not very severe, but rather obtuse and caused by some article taken into the mouth, such as acids or sweets, or common table salt, or a draft of cold air, ice-cream, or any other article which is either cold or hot, and if it passes away when the cause is removed, we shall generally find that it is only the tenderness of the dentine portion. On touching the exposed nerve, the sensation will be very acute and painful, like the eye or any other very sensitive part; but when only the tender bone is exposed, the feeling is more like a pressure or pinching of the part—a kind of *acute numbness*, often quite as disagreeable and difficult to bear as when the nerve itself is disturbed. This peculiar sensation is generally felt most immediately under the enamel and in the wisdom teeth. We have often thought that the eye teeth are more sensitive than the incisores of the same mouth. If, on wiping out the cavity, any blood is discovered,

which could not have come from the gum, this is a sure indication of exposed nerve. Generally, when the nerve has been reached by the caries, the tooth will be more tender than the adjoining ones on being tapped with the handle of the instrument.

If, however, it is impossible to decide with certainty, and if the patient can bear the operation of filling it, it is better to give them the advantage of the doubt, and plug the tooth. If the tooth should give pain, the nerve can afterwards be exterminated; but if not, we have preserved a valuable tooth for a much longer period than it would probably remain without a nerve.—ED. RECORDER.

[Reported for the Dental Recorder.]

PRACTICAL DISCUSSIONS IN THE PENNSYLVANIA SOCIETY OF DENTAL SURGEONS.

The Society met Tuesday, February 1st, at the Hall of Pharmacy, at half-past seven o'clock, Dr. E. Parry, President, in the chair, and Mr. A. R. Johnson Secretary. After the minutes of the previous meeting were read and adopted, the resolution, in reference to the Letheon, which was laid over at last meeting, was called up, and the following offered as a substitute by Dr. J. D. White,

Resolved, That this Society deem it inexpedient to take any action on the use of the Letheon at the present time.

This resolution being ably supported by the mover, it was carried.

Oral communications being now in order, Dr. J. D. White related a case of galvanism produced by silver plate and tin filings in the same mouth.

Mr. S. S. White—A case of the same produced by gold plate and tin filings.

Mr. C. C. Williams gave an account of a case where great unpleasantness and tendency to vomit was produced, by putting in the mouth an upper set of teeth on gold plate; but by persuading the patient to accustom herself to them, by wearing them a few hours at a time, the difficulty was entirely removed.

Dr. J. D. White gave the following, suggesting that one of them might be the cause:

1. The plate pressing upon the palatine nerves, the irritation was carried by sympathy to the stomach.

2. That it was simply the fact that it was a foreign substance.

Dr. Beale supposed that it was the irritation of the sympathetic nerve produced by the plate as a foreign substance, and instanced the fact of nausea often being produced by merely looking upon a disgusting object, thus showing how easily and quickly the stomach is affected by sympathy.

This discussion was participated in by many, and much information elicited.

Dr. E. Parry related a case of gold and tin fillings which he had removed from a lady's mouth. They were removed in consequence of the patient's complaining of an unpleasant sensation in the teeth, which he supposed was caused by the amalgam of gold and tin.

Mr. C. C. Williams stated that he had removed several fillings composed of the same.

Mr. A. R. Johnson, a case where the filling, which was a large one, was gold on the surface and *paper* beneath.

Mr. S. S. White now called the attention of the Society to a new instrument, termed a *mouth plate or napkin holder*, invented by Mr. H. Lawrence.

On motion of Dr. Beale, a committee of three was appointed to examine this instrument and report at next meeting.

Mr. W. L. Mintzer was appointed to prepare the essay to be read at next meeting.

This was an instructive meeting, and tolerably well attended.

We notice by the papers that there is an application before our legislature for a charter for a dental college in this city. What will be the result is unknown, though we would be glad if we could get such an institution here.

M.

NEW YORK DENTAL RECORDER.

MARCH 1, 1848.

PARMLY ON AMALGAM.

We stated in the January number of the Recorder that two articles had been published in the New York Journal of Medicine, one by Dr. John Trenor of New York city, (a notice of which we gave in our last,) and the other by Dr. E. Parmly, also of this city.

These two men stand, perhaps, first in the estimation of the public as experienced, learned, and skilful dental surgeons. Both profess to have studied the properties and effects of silver amalgam, as they are manifested when used for stopping carious teeth, and with no other end in view but to benefit their patients and advance the interests, usefulness, and honor of the dental profession. It does not become us to doubt the sincerity of either, although the conclusions to which they have arrived are entirely different. One upholds and justifies a discriminate use of it; the other protests against its use, condemns it in every case as a base material, "unfit and dangerous when used for teeth;" and pronounces all men professionally dishonest who use it, *saying that it is better than gold.** We should not have alluded, at this time, to the last mentioned fact but that we find it repeated in the article before us in the following extract:—

"Of the hundreds of teeth that have been filled with amalgam, and subsequently come under my observation, I have not yet seen one that did not bear marks of reproach to the practitioner who performed the operation, and clearly demonstrate, that professional skill, professional knowledge, and common honesty, were wanting in the operator, to an equal degree that one or the other of these three qualities were wanting in the Crawcours, who mixed the ingredients as well, and used them quite as successfully."

Dr. Parmly says, elsewhere, "that men who are unsurpassed in practical skill and scientific knowledge, in the dental profession, devote hours and days of intense labor to accomplish what a few minutes would do, if amalgam is what its advocates represent it to be." Again he says: "To show the time required to perform operations with this pernicious compound, I will let Mons. Mallan speak for himself—'I can fill a tooth in a few seconds without giving the least pain; I filled thirteen teeth yesterday in less than five minutes.'"

From these extracts we perceive that Dr. Parmly classes all dentists who use amalgams, even in the least objectionable manner, with the Crawcours and Mallans, who did not hesitate to remove good gold fillings and substitute amalgam whenever they could get paid for doing it. Now, although such is the evident meaning of Dr. Parmly's writings upon this subject, we cannot believe that these are his true sentiments. We do not believe that in "professional skill," "professional knowledge," and "common honesty," he would class his friend Lovejoy, and Dr. Trenor, with the Crawcours and Mallans, even in that portion of their practice which is confined to amalgam. We still think that he would, if a patient of his was determined to try an amalgam filling, sooner recommend him to one of the first named gentlemen than to either of these foreign quacks, if they were still among us. If we are mistaken in this, then we must wholly dissent from the opinion entertained by Dr. Parmly; for, although we are no advocates for amalgam practice, we can see the same difference in skill, knowledge, and honesty, in the use of it by others that we can in the use of gold, tin or any other material.

We have the charity also to believe, that many, who use amalgam in their practice, are honest men, as well as skilful dentists, and worthy to stand, as they evidently do, among the brightest ornaments of our profession.

We are sensible also that an immense amount of injury to the public and disgrace to our profession has been done by the indiscriminate use of amalgam, and that the efforts of Dr. Parmly, and his companions, in and out of the American Society of Dental Surgeons—although in some respects injudicious and unjust toward many of his associates

* Pledged as the dentist is to his patient to do the best he can for him, we cannot see how any honest man can use it unless he does believe it to be better than gold, or any other material, for all the cases in which he uses it.

and fellow-members—have accomplished great and salutary good to the public. The Dental Controversy has not been without its good effects upon the public and upon the profession. It is much to have caused itinerants, who formerly advertised cement by high-sounding names, to have changed and to say now, in their handbills, "Teeth filled with PURE GOLD without the use of QUICKSILVER or any POISONOUS MINERAL PASTE."

Dr. Parmly says, in his preface to the article under consideration, "that the late discussion was commenced solely for the purpose of eliciting professional truth, and of acquainting the public with a subject upon which many have been grossly deceived; and that he was not aware of the opposition, nor of the lack of moral and professional truth, that would be arrayed against him." Although much good may result from the controversy, it is to be regretted that it could not have been conducted without the ill-will that has in some respects characterised it, which is partly owing to the charge of professional dishonesty which was first brought against so large a portion of the dental practitioners. If Mr. Parmly has sown the whirlwind, he must expect to reap the storm. But to our task.

We gave our readers an abstract of Dr. Trenor's views and reasonings upon amalgam, with extracts, and we will proceed now to furnish them with such extracts as will give a general idea of Mr. Parmly's.

The article before us is made up in a good part of the views of others who have written against amalgam. Thus he makes large extracts from Dr. Westcott's report upon this subject, published in the *American Journal of Dental Surgery*, as long ago as 1843. Dr. Westcott has long been a decided opponent to the use of amalgam in any case, and under any consideration, for dental purposes. Dr. Westcott takes the ground that amalgam always vitiates the secretions of the mouth to a greater or less extent, and often produces salivation. In proof of this is published a letter from a physician who narrates a case that occurred in his practice, from which we extract the following:—

"I found her with febrile symptoms; her tongue, gums, and glands swollen; a free discharge of saliva, a fetid breath, etc. I asked her if she had ever been salivated. She said never. I was positive, however, that she was under the influence of mercury, and then found that two or three weeks before, she had had several teeth filled with Royal Mineral Succedaneum—the teeth were very loose. The next day I removed one of the teeth, found it perfectly dead and the alveolar process affected, which I have since removed, including almost the entire socket of the tooth.

"I have since been called to a Mrs. W., who has since been severely salivated by the use of the same compound."

It is to be regretted that the Doctor did not tell us what was done with the other amalgam fillings, as he removed but one. It would be curious to know if the others were suffered to remain; and if so, what was the result.

Dr. Westcott lays down the following principles in reference to amalgam:

1. It is uniformly and necessarily inefficient in arresting caries.
2. It is in every case dangerous.
3. It is never called for.

To prove the first, Dr. Westcott gives the results of experiments such as filling glass tubes and carious teeth, which have been extracted, with amalgam, and afterwards immersing them in a tincture of red saunders, to prove that the amalgam shrinks while hardening, and consequently will not exclude the moisture from decayed teeth when in the mouth.

To prove that it is always dangerous, cases of salivation are related, and, from these, the conclusion is drawn that—"If it can be shown that a single case of salivation has occurred from its use, the point is gained."

"The third position," says Dr. Westcott, "rests mainly on the first and second; although were either or both of them refuted, it could still be easily supported."

The testimony of J. H. Foster, and Joseph Wooster, M. D., is also adduced to prove salivation from an amalgam filling. This case was also related by Dr. Westcott in the report above alluded to, which, we presume, is familiar to our readers.

Several other testimonials from physicians are introduced to show the baneful effects of amalgam fillings, among which are the following:—

"DR. PARMLY,—Dear Sir,—Agreeably to your request, I send you the following account of the effects of amalgam, or mineral paste, or lithodeon, as it has been variously termed, on one of my own teeth. Some four years ago, I called on a dentist to fill two molar teeth in the upper jaw, one on either side. The state of disease and the size of the cavity in each was very similar. The first was filled with gold foil in the usual manner, as I expected both would be. But before I was aware of the fact, the

second tooth was filled with amalgam. Not wishing to find fault, I suffered it to remain, and treated it subsequently in every respect like the other tooth. In a few weeks the tooth filled with amalgam began to be slightly tender, the gum around it slightly swollen, and disposed to bleed from very slight causes. These symptoms slowly increased, and at the end of three or four months the periosteum around the roots of the tooth became inflamed, and ultimately ulcerated, producing a disagreeable abscess in the gum. In the meantime the original cavity in the tooth continued to enlarge, and consequently before the end of one year the amalgam came out, having become much oxydized and changed to a bluish-black color. The body of the tooth now rapidly crumbled off, but the disease at the roots continued to increase, until, fearing an extension of the disease to the alveolar process of the jaw, I caused them to be removed by extraction; the surface of the diseased roots were very rough, produced by partial absorption. Subsequently the body of the other tooth (the one filled with gold) has broken away, but its roots still remain in the jaw, having never caused either pain or tenderness. Several other cases, equally well marked, have come under my observation; but as no notes were made of them at the time, I cannot now give them in detail. Indeed I have never examined a tooth which had been filled with amalgam for any considerable length of time, in which the amalgam did not give unequivocal signs of oxydation.

"Yours, with great respect,

"N. S. DAVIS, late of Binghamton.

"11, University Place, N. Y., Sept. 24, 1847."

"Some years ago, I extracted twenty-one teeth and roots from the mouth of a young lady, all of which had been entirely ruined by the application of five or six pluggings of the famous Royal Mineral Succedaneum, for the arrest of decay in its incipient stage. The use of the compound in this case, had made a complete wreck not only of the teeth, but of the parts adjacent; the mouth became fetid, the alveolar process completely destroyed, and the gums reduced to a spongy texture, bleeding profusely upon the least pressure. Originally this lady possessed an *unusually* fine set of teeth, but shortly after the application of the succedaneum, unequivocal signs of mercury having been introduced into the system made their appearance, and the mouth was gradually reduced to the above miserable condition, rendering it absolutely necessary to have the entire set of teeth extracted, before the fearful ravages caused by this poison could be arrested.

"I. T. CURTIS, M. D."

The following letter from a clergyman in the vicinity of New York is given:—

"Another case related by the same gentleman: 'Miss —— had several teeth filled by this same dentist. Her head and eyes were affected almost immediately after the dentist left her. Fever ensued—and she continued to suffer from February or March until June following, when she died. It was the expressed opinion of Dr. —— to me, at various times, and also to the family, from his own experience, and that of others, who had suffered from the effects of the amalgam, that the sickness and death of Miss —— was occasioned solely by the poisonous material used in this paste, which had been taken up into the system.'"

Letter from Dr. Frey:—

"To J. W. CRANE, M. D.,—Dear Sir,—I have known a case in which a large cavity in a molar tooth in the upper jaw was filled with cement containing mercury, and in the course of two months the lady lost not only the tooth which was filled, but the tooth on each side, which were quite free from decay, the mischief evidently arising from mercurial disease of the gums, induced by the presence of mercury used in the cement.

"Respectfully, yours,

"J. M. FREY, M. D."

A case of diseased antrum, which occurred in Dr. Parinly's practice, attributed to an amalgam filling, is related as follows:

"The following case of diseased antrum, in which I obtained the examination and advice of one of our most eminent surgeons, was undoubtedly occasioned from the effects of mercurial paste.

"A lady called on me, in great distress, from disease in the first right molar tooth of the upper jaw. On examining the mouth, I found the gum around the aforesaid tooth to be of a dark hue, and quite destitute of healthy circulation. The tooth itself was also dark and necrose, and evidently demanding immediate extraction. Before removing the tooth, I passed a probe along the side of the tooth, completely into the cavity of the antrum maxillare. When the tooth was extracted, profuse hæmorrhage ensued, and

considerable portions of ash-colored bone adhered slightly to the fangs. Six or eight other pieces of bone, about the size of small peas, were afterwards removed from the cavity of the sinus. The cavity was filled with blood, which made its escape through the nostrils, down the throat and out of the mouth of the patient. The lady informed me that she had often been nearly strangled at night by purulent matter, which made its escape from the antrum, through the nostrils into the fauces, larynx, and trachea. I found so large an opening into the antrum, after removing the diseased tooth and decomposed bone, that I could easily pass my little finger quite up to the suborbital parietes of the cavity. This tooth had been filled with a large plug of mercury and silver, which was unquestionably the cause of the deplorable effects above described."

The case of the late N. P. Ames is also related, the substance of which has been so often before the public that it is unnecessary to relate it here. Testimonials against the use of amalgam for dental purposes are also published from E. B. Gardette, and Lewis Roper, of Philadelphia; J. F. Flagg, and J. and E. J. Tucker, of Boston; W. H. Elliott, of Montreal; Edward Maynard, of Washington; C. A. Harris, and E. Noyes, of Baltimore; and Wm. H. Dwinelle, of Cazenovia. Most of these men, with Dr. Parmly, believe also that no dentist can be honest who uses amalgam as a substitute for gold. The testimony of Leonard Koecker, formerly of Philadelphia, and now in London, is given against amalgam; and the certificate of Dr. Chilton, which will be found in Dr. Ware's communication, in the present number.

We have thus endeavored to give a faithful synopsis of Dr. Parmly's article against the use of amalgams as far as our limits will allow; and to those who admit the conclusions to which most of the witnesses have arrived, it will no doubt be conclusive against amalgam. Those who are still in doubt, like ourselves, about the true merits of the article in question, will bear in mind the fact that none of the witnesses have been submitted to a cross-examination, which is always considered necessary to elicit the whole truth. There are many facts connected with every case of disease which gives it a peculiarity, and which are necessary to be known before the careful surgeon will venture either a diagnosis or prognosis in the case. The question of the fitness or unfitness of amalgam, for filling teeth, we have always contended is one that cannot be settled in a day or a year. The opinion of Dr. Parmly we have regarded with high respect; and if the article be as injurious as he believes it, it is of the greatest importance that we should all know it. On the other hand, Dr. Trenor, whose testimony has been given in favor of the limited use of the article, is also to be regarded, so that on the whole we see no way but for each dentist, whose mind is not made up on this subject, to study it in the mouths of his patients, relying only upon his own judgment as to its fitness or unfitness for filling teeth.

DR. JOHN ALLEN'S PATENT.

At the last annual meeting of the "American Society of Dental Surgeons," a vote of censure was passed upon Dr. John Allen, of Cincinnati, for having procured a patent for his invention for "restoring the contour of the face," after, as the Society alleged, having freely offered the benefits of his invention to every member of the Society, to be used gratuitously, and subsequently attempting to exact from the members a certain per centage for the privilege of using it. The Society furthermore censures Dr. Allen for making such use of the fact of a gold medal being presented to him, as the Society does not contemplate in making such awards and cannot approve or sanction.

We have received Dr. Allen's printed vindication and refutation of the charges made against him. In the first place, in reference to the facts in the case, Dr. Allen asserts that the patent was procured previous to the meeting of the Society in 1845—at which meeting the premium was awarded, and that this fact was known to several members who were present at the time the medal was awarded. With all due deference to Dr. Allen's facts, we must say that we think those

friends of his, who knew of the patent having been obtained, instead of letting it be known to other members kept very still about it until after the award was made by the Society; for we cannot believe that the Society would knowingly award a gold medal to a member for an invention or improvement, while its own members and the profession at large were deprived of the benefits of that invention. This would virtually be giving him a reward for inventing a plan to make money out of their pockets. No, no, the American Society is not so stupid as to do that.

Again Dr. Allen denies having offered the benefits of his invention gratuitously to every member of the Society. He states that his language was, "Having tested fully the practicability of this improvement, I most respectfully submit it to the *consideration* of this association. Whereupon the Society made their award, &c. After the close of the meeting," says Dr. Allen, "feeling a sense of gratitude towards the Society for the very prompt and unanimous action they had taken in making the award, I remarked to some of my friends that I intended to extend special privileges to the members of the Society."

What the "special privileges" granted to the members were Dr. Allen does not say, nor have we learned, except from a *report* that one member had the "special privilege" of advertising the improvement to the amount of one hundred and seventy-five dollars, for which he had never received one cent in return for operating upon Dr. Allen's plan. We will give Dr. Allen the credit of freely granting us the privilege of using his improvement in our practice; but this was after we had assured Dr. Allen that we had seen the same principle adopted for the same purpose in Connecticut, some years before his patent was taken out, and that we should not hesitate to make use of it whenever we saw fit. If the affidavit or testimony of a respectable dentist, before a court of law, to this effect, will discharge any dentist from infringing upon Dr. Allen's rights, then we will agree that it shall be furnished whenever desired.

In reference to the use made by Dr. Allen of the fact of a medal being awarded to him, "he admits that he showed it to his friends, (all right and proper), that some of his editorial friends gave it a passing notice in their papers, in other words a puff, (all right again); that he copied from these puffs a few extracts, which may be seen in his circular." Now all this may be very professional—a genteel way of advertising; but unfortunately some other members take pleasure in seeing their names puffed in the papers, and know too well that, like treasury notes, the more of these puffs there are afloat the greater the depreciation in their value. On this account, it is manifestly their interest to discourage others from puffing, that when their own names appear they may attract the greater attention.

Upon the subject of patents procured by professional men, we intend hereafter to give our views in full; but in reference to the dispute between Dr. Allen and the American Society of Dental Surgeons, we can say, with the woman who witnessed the fight between her husband and the alligator, "We don't care a pin which whips."

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF
SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

VOL. II.

APRIL 1, 1848.

No 7.

TO THE READERS OF THE DENTAL RECORDER.

MANY misrepresentations and misstatements having been made in the Dental Recorder in relation to myself, during the past year, when Dr. Allen became its editor, I requested permission to contradict some of them, which request was granted, and in the January number I availed myself of the privilege. The first were found in a set of resolutions purporting to have come from "a meeting of Dentists of New York," published with a report of Dr. Houston, which I declared then to be untrue, and now declare to be untrue.

Dr. Baker, in an article in the February number, again uses language which is not only untrue, but libelous. In speaking of the resolutions, and the meeting from which they had the *credit* of coming, he says: "Having been chairman of that respectable meeting," &c., &c. It having been intimated to me not long ago, that the meeting was a very small one, and was not organized, and being desirous of knowing the facts, I addressed a letter to Dr. Allen, editor, from whom I received the following prompt and explicit reply, from which may be gathered the truth as to whether the resolutions published against me were or were not the act of "a meeting of Dentists of New York," at which E. Baker officiated as chairman.

LETTER TO C. C. ALLEN, M. D.

NEW YORK, No. 1 Bond street, Feb. 16, 1848.

DEAR SIR :

The February number of the Dental Recorder contains an article purporting to have been written by Dr. Elisha Baker, which contains language in relation to myself which I declare to be false, therefore, libelous; will you permit me to inquire whether you hold yourself responsible for the statements made in that article?

There having been several resolutions published in the newspapers of this city and otherwise, alleged to have issued from a meeting of "Dentists of New York," held some time in June last, which also contain statements which are not true, and as the dentists of this city

are numerous, and the meeting generally believed to be a large one, and having been since informed that it was composed only of a few individuals, some six or eight, and that there was no organization of the members, and as I wish the facts to be known as they really exist, relying upon your sense of truth and justice, will you permit me to inquire whether you were at, or know of such meeting; what its number was, and whether Dr. E. Baker was or was not "called to the chair, and A. C. Castle appointed secretary;" whether the resolutions published against me were or were not read to, approved by, and ordered to be published as the act of that meeting, with the names of the chairman and secretary, or whether they were written as resolutions and signed after the meeting or meetings took place, or by the authority of a meeting so organized, as the resolutions published aforesaid manifestly set forth, and greatly oblige,

Yours respectfully,

E. PARMLY.

REPLY TO THE ABOVE.

NEW YORK, February 17, 1848.

I have received your note of February 16th, making inquiries respecting certain charges which you allege were brought against you by Dr. E. Baker, in the February number of the "New York Dental Recorder."

First. You inquire "whether I hold myself responsible for the statement made in Dr. Baker's letter?"

At the time of the publication of that letter I was not aware that it contained any false statement, otherwise I should not have published it. As the letter was printed under Dr. Baker's name, I presume he will hold himself responsible for all it contains.

I will reply to your other questions by stating as briefly as possible, the proceedings to which you allude. I was present at "a meeting of Dentists," which took place soon after the death of the late N. P. Ames, Esq., at which it was resolved, in an informal manner, to send a medical man to Springfield, to ascertain, as far as possible, whether his illness and death were caused by amalgam fillings in his teeth, as had been alleged in the public prints.

After the return of Dr. J. A. Houston, who was the person sent to Springfield, I attended another meeting, at which there were present, as near as I can now recollect, about eight persons. Previous to reading his report, Dr. Houston proposed an organization, and the name of E. Baker was mentioned as chairman, but as no one called for the vote it was not taken. It was thought unnecessary, as there were so few present. Dr. Houston's report was then read to the meeting, after which it was decided by all present, that the proceedings of both meetings, with the report, should be printed, and that the name of E. Baker should stand as chairman, and A. C. Castle as secretary. Who prepared them for the press I do not know.

Very respectfully,

Your friend,

CHAS. C. ALLEN.

Will Dr. Baker, in order to clear himself from his present dilemma, inform the readers of the Recorder, who will "pause for a reply," at what "meeting of Dentists of New York" he was "*called to the chair*," when the resolutions written against me, bearing his name, were *read to*, and "approved" by, all the members "*present*," and who at the same time, as their chairman, authorized him to sign and publish them as the act and doing of said meeting? As far as I can learn, the resolutions were never seen, heard, read nor approved, at any meeting where "Dr. Baker was called to the chair;" will the worthy "chairman" inform us whether he did not "*all alone*" represent that "respectable meeting" in making, approving, "preparing for the press," signing, and finally voting that the resolutions "should be published in the city newspapers, without a word of comment." If not *alone*, will he inform us who were his "respectable" coadjutors, as we can hear of none?

The next remark I have to notice, is wherein Dr. Baker says, "Mr. P., in a private note, threatened to expose him (Mr. F. H. Clark) in a former transaction," &c. This charge I declare to be unqualifiedly false. I never *threatened* Mr. Clark to expose any act of his, and I hereby throw back the charge upon the head of the writer, and will hold it there, and him responsible until he proves his assertion.

The next is an inquiry which I deem perfectly reasonable, and one that I will endeavor to answer so that Dr. Baker shall no longer be in doubt as to my meaning. After giving his understanding of the "*impression*" I "*wished to make on the public mind as regards those dentists who make use of amalgam*" he continues: "If Mr. Parmly did not mean this, what did he mean? If he did not mean *all* this, will he please let the public know what he did mean? We pause for a reply." Answer: I consider all professionally dishonest and unworthy of confidence who say *publicly* that "*amalgam is a bad filling, a nasty filling, the worst thing in the world to fill teeth with, except for the mere shell of a tooth, that will bear nothing else—one that cannot otherwise be preserved*," &c., &c., but who nevertheless, *privately* tell their patients differently, and use it freely in other cases, having some time ago seen in one mouth four of —'s "could not otherwise be preserved teeth," which were filled with amalgam, and after much suffering the lady had it taken out, and the whole number beautifully and permanently stopped with gold, by —,* of this city, and I have seen other cases where even front teeth were filled in a similar way, and afterwards re-filled with gold.

* We have suppressed the above names because we do not wish the Recorder to become an organ for praising or censuring the operations of any practicing dentist. We regret that the present controversy has partaken so much of a personal character, but when once commenced we could not suppress it and do justice to all parties. It is apparent to all that the controversy between Drs. Parmly and Baker has little or nothing to do with the merits or demerits of amalgam, and cannot be of any general interest to our readers, we shall therefore refuse to publish anything more upon the subject after Dr. Baker has had an opportunity to reply.

Lastly, Dr. B. says, "we shall continue the subject in the Recorder, and will just say in advance that all that has been stated will be proved, with the exception that 'a sister of Mr. Ames' read 'sister-in-law.'" I also will just "say in advance," that "all that has been stated" by my opponents is *not true*, and I defy Dr. Baker to prove it in the Recorder, or any where else.

So much for the article printed in the February number. The one contained in the March number also requires a passing notice. I never intended to convey the impression that Dr. Houston was not at Springfield, but I did intend to make my readers understand that the statement of Dr. Perkins, reported by Dr. Houston, is not true, *not a word of it from beginning to end*, and Dr. B., notwithstanding his promise to do so, cannot prove it. I never had any doubt but that Dr. Houston reported the matter just as he heard it from Dr. Perkins.

Dr. Baker has published a card of Dr. Houston, in which he says the statement made by me relating to his interview with Dr. Bemis is false. It may be so. I made it as I heard it from Dr. Bemis himself, and if it is false, Dr. Bemis and Dr. Houston "may settle that matter among themselves." I shall endeavor to correct all the "small inaccuracies" I have made when pointed out, without either resorting to "falsehood" or "sophistry"—truth, honesty, and justice say to Dr. Baker "go thou and do likewise."

There is one remark in Dr. Baker's last article that deserves my grateful consideration, and that is the one in which he says, "After all, I have more charity for my old friend than many have. I do not exactly think him a monomaniac on this 'subject of amalgam,' but I think him of a peculiar idiosyncrasy of mind, more apt to believe in dogmas than truths."

Of the first part I am not positively certain, but the second is most veritably true, and it is a weakness I frankly own. This same unlucky "idiosyncrasy" sometimes leads me further, and makes me believe *true* that which is utterly *false*. For example: when I saw in the newspapers Dr. Baker's name signed as "chairman," I did most truly believe that he was regularly "called to the chair," as asserted, and that he did preside with becoming grace and dignity over a large meeting "of dentists of New York," and now, forsooth, the same "idiosyncrasy" on weaker testimony, again makes me believe that there is *not* a word of truth in his having been "chairman" at all. Will the Doctor set my "idiosyncrasy" right in this matter, and after he has done so, and also had an opportunity of proving his assertions, which he has promised, but which, I repeat, he cannot do, I hope the Recorder will, by its editor, be devoted to nobler and higher objects than either making or correcting false accusations and erroneous assertions, which are of a private nature only.

Dr. Baker talks about "falsehood" and "sophistry." I challenge him and all his associates to prove false any assertion of mine, and until he can do so it would be becoming, *in him at least*, on that head to keep silent.

E. PARMLY.

No. 1 Bond street, March 16th, 1848.

[Reported for the Dental Recorder.]

BALTIMORE COLLEGE OF DENTAL SURGERY.

The annual commencement of the "Baltimore College of Dental Surgery" was held in the saloon of the College Buildings, on the evening of March the 2d. The night was very inclement, made so by the snow, which having commenced falling during the day, had increased towards evening to such a depth, as to render it very unpropitious for the assembling of an audience to witness the ceremonies.

At the hour appointed, the faculty of the college entered the hall, preceded by the students. The exercises were then introduced, by reading, in latin, the authority deputed to the faculty by the State of Maryland, empowering them to confer degrees on the graduates of the college; after which Professor Harris called up the following gentlemen, who had been found worthy to receive the honors of the Institution, and Professor Bond proceeded to confer on each the degree of "Doctor of Dental Surgery," viz.: Daniel Vandenburg, N. Y., R. W. Armstrong, Md., John McCalla, Pa., B. A. Kenedy, N. C., Charles Bond, Md., R. D. Addington, Va., W. H. Morgan, Ky., Joshua King, N. C., Thomas J. Jones, Ga., Henry Colburn, M. D., Md., E. W. Mason, Md., Charles A. Barnes, Md., D. G. Varney, Mass., and J. J. Adair, Ky.

Dr. E. Parmly, of New York, then pronounced the valedictory address. He alluded, in a happy manner, to some of the most honorable of the deceased members of the profession, and pointed out their influence in elevating its character. He then glanced at the progress of the college from its foundation, its rapid growth under discouraging circumstances, and its eventually ranking with the most healthy and vigorous of professional institutions. He then dwelt on the beneficial influence that the institution had exerted on the profession, in giving it dignity and character as a learned and responsible vocation, and affirmed that to the Baltimore College of Dental Surgery the members of the profession looked for the consummation of their brightest hopes, in all that related to the character and standing of their calling. He then urgently exhorted the graduates and students to sustain the expectations and demands that not only the faculty, but their brethren of the profession had a right to expect of them, and endeavored to imbue their minds with a sense of those elements of character which formed the honorable and honest dental practitioner, and, as a result, led on to professional eminence and success. His charge to the graduates was characterized by earnestness and wisdom, and drew forth a response from Dr. J. J. Adair, of Kentucky, on behalf of the class. He thanked Dr. Parmly for his expressions of interest in the *alumni* of the Institution, and for his kind advice, so appropriately given. Dr. Adair expressed, in the strongest terms, the obligation which the class felt for the efforts and exertions made by the faculty for their instruction, and said, that if success did not attend their future career in life, the guilt must fall on their own heads.

Professor Bond responded to the address of Dr. Adair very briefly, thanking the class, in the name of the faculty whom he represented, for this unexpected testimonial of approbation; assuring the class that it was the richest tribute they could offer to their teachers, except a positive worthiness of the trust which the faculty had reposed in them, which assurance he hoped would be given by their future conduct.

The Awarding Committee, composed of Drs. E. B. Gardette and E. Townsend, of Philadelphia, Dr. E. Maynard, of Washington City, Dr. S. P. Hullihen, of Wheeling, and Dr. E. Parmly, of New York, then made their Report, through their chairman, Dr. E. B. Gardette, who announced to the audience the name of D. D. Vandenburg, of New York, as that of the gentleman determined upon by the committee to receive the award for the most meritorious acquirements, upon which he was presented with a beautiful set of extracting instruments.

The mechanical specimens of the handywork of the graduates were submitted to be examined by such of the audience as felt an interest in such exhibitions of skill; and it must have been gratifying to those interested to have heard remarks similar to the following, which proceeded from one of the awarding committee, who, when asked his opinion in relation to the operations of the graduating class, affirmed that he had never seen, or expected to see, better operations than he had witnessed in the infirmary of the Institution, performed by the students.

It may be proper here to remark, that the faculty of the Baltimore College of Dental Surgery showed a consciousness of having discharged their duties, as teachers, in a manner which could not have been surpassed by the faculty of any medical college in this country, by placing their graduating students in the hands of a committee of professional gentlemen of eminence, for free and unrestricted examination upon all that was professed to be taught in the Institution. And this course of the faculty is most commendable, when we recollect that the Institution is founded on public necessity, and if it does not supply this necessity by its instruction, then its deficiencies ought to be known to those who are interested. The committee referred to, after two days' careful labor, expressed their high approbation of the Institution, and the course of instruction therein pursued.

After the audience was dismissed, the students, with a few invited friends, adjourned to partake of an entertainment given by Professor Handy, served up in one of the rooms of the building.

SOCIETY OF DENTAL SURGEONS.

To the Editor of the Dental Recorder :

DEAR SIR—I understand that the Dental Society which was proposed in the *Dental Recorder* of Oct. 1st, has been organized, and on the most liberal principles. But since I have been invited, and

refused to become a member of it, I have taken the liberty to investigate the matter, and to ask myself the following questions.

1st. Who are the persons that are to receive the benefit from this Society?

2d. Does any one suppose that a dentist who has operated 21 years, and made many and valuable improvements in the art, wishes to pay for the privilege of communicating this knowledge to those who have operated 21 days?

3d. Is there any equality in this plan—and is it not rather too liberal?

The last twenty years past of my life have been devoted to dentistry, and during that time I have made some improvements in the art, which have never been withheld from any respectable dentist who has applied for them in person.

The improvements have been carefully written down, and illustrated by drawings; and should the profession have sufficient confidence in them to pay for their publication, they will soon be at their disposal.

The vacuum mentioned in the two last numbers of the *Recorder*, I invented in 1836, and have used it successfully ever since; and as so many have claimed to have been the discoverers of it, I take the liberty to refer them to Dr. Foster and Mr. Samuel Parmly for the truth of my statement.

I am willing to pay for any improvements in dentistry which may be communicated to me by any man, or body of men, and for the sake of science and for the encouragement of those who are engaged in the profession, I now offer \$50 for the same number of improvements which are represented in my manuscript.

J. W. CRANE, M.D.

[REMARKS UPON THE ABOVE.]

We are happy to state to our readers that a "Society of Dental Surgeons, of the State of New York," has been organized, and its constitution and bye-laws printed. The Society already numbers about fifty members, who have paid in their initiation fee of \$5, and the first year's annual dues of \$3; and, at the last regular meeting, a resolution was introduced to appropriate \$100 towards the foundation of a library, for the benefit of its members.

In answer to our correspondent's first query, we will say that for several years the want of association among the dental surgeons, for the cultivation of kind feelings among the members of the profession, as well as for mutual improvement in their practice, has been greatly desired and much needed; and as no one ought to be vain enough to suppose that he has arrived at perfection in his operations, a portion of the dental practitioners have united in this Society for the purpose of contributing their efforts towards the improvement and elevation of their calling. They hope and believe that all who will unite with them for this laudable purpose will be benefited by the Society.

To the second question we would say, that no one ought to suppose,

because a man has devoted "21 years" to the practice of his profession, that he has learned all that there is to be learned, or that he may not derive many useful hints and much practical knowledge from others who have not been engaged so long in the business. During the past ten years many and valuable improvements have been made in the science and practice of dental surgery, and we have reason to suppose that our correspondent has made his share of them—we acknowledge our indebtedness to him as well as to many others. Would it not be for the benefit of those who have operated "21 years," as well as for those who are just commencing, if these inventions and improvements could be compared, their merits discussed, and from among the whole the good selected, and the worse rejected? We do not think that any one who is established in practice need fear the rivalry of those who have operated only "21 days."

Our correspondent asks, in his third question, if there is any equality in this. While men are endowed with different capabilities and different degrees of talents for the pursuit of their profession, there cannot be a perfect equality among them; one will excel another in judgment to conceive and skill to execute, but the public cannot always discriminate, and are liable to fall into the hands of an unskilful operator, and afterwards to condemn the whole craft, thereby bringing disgrace upon the whole profession. If this unskilful operator be destitute of the requisite talents, and could be made acquainted with the difficulties which are to be overcome before he can hope to succeed in the practice of dental surgery, he may be induced to change his business before he has brought disgrace upon himself and his profession; but if he be naturally ingenious, and apt in the use of instruments, only requiring a little instruction to put him in the right way, we cannot see how any one of more experience is injuring himself by extending to him a helping hand, while by so doing he is also helping himself, by adding to the aggregate of knowledge and skill among the members of his profession, and thereby elevating it in the estimation of the public.

The time has gone by when a few can hope to enjoy a monopoly of the business. The dentists are already numerous, and they will continue rapidly to increase until the supply shall be commensurate with the demand for operations upon the teeth. The only way in which one man can hope, hereafter, to outstrip his competitors is by striving to excel them in dexterity and skill in his operations, of which the public are fast becoming judges.

The best way to secure to ourselves the credit of our own inventions and improvements is by giving them publicity as soon as their utility has been fully tested. By so doing the ingenious and scientific become known and appreciated, not only by the profession but by the public, which, with reputation, brings an accession of business that will pay much better than all that can be made by letters patent or the humbug of secrecy. We are not aware that Dr. Crane has ever dabbled in either; but if he had taken the pains, in 1836, to

communicate his invention of a new mouth-plate with the chamber in it, to one of our medical journals, as Dr. Flagg did his improved forceps, he would now have the full credit of it, and there would have been none at this late day to claim the invention.

LETTER FROM DR. PARMLY.

NEW YORK, No. 1 Bond street, March 24, 1848.

DEAR SIR :

From your accustomed candor and fairness, I am satisfied that you did not rightly understand my language when you penned the following sentence, published in the March number of the "Recorder," in which you say, "We perceive that Dr. Parmly classes all dentists who use amalgam, even in its least objectionable form, with the Crawcours and Malans." Permit me to say that if you will read the paragraphs again you will "perceive" that I class all the amalgam stoppings I have seen with those of the Crawcours and Mallans. Those of my highly respected "friend Lovejoy," to whom you refer I have not seen. He has frequently told me that he could make a good stopping of amalgam, and I have as frequently urged him to let me see one, which he has promised to do, but has not yet done so. When he does, it will be the *first*, and I shall be glad to acknowledge it. And here I wish it to be particularly understood, that I have never classed the above named gentlemen with the Crawcour and Malan part of the profession. I have classed all the operations of amalgam I have seen with the productions of those arrant knaves, because I have seen none better than theirs, and I have not yet been able to discover any difference between the value or quality of amalgam made and used by the Crawcours and Malans, and that which is compounded of the same materials and used in the same way by men "medically educated." If there is a difference, will the learned in such matters say what that difference is, and give the reason why the operations of both should not be classed together, being of the same character and producing the same effect. I should like to have the subject treated fairly, and the moment I can discover in amalgam any thing but "*a nasty*," black, porous and poisonous substance, which I have never yet seen, I will gladly acknowledge its merits, through you in the Recorder, and where I have done injustice to any amalgam user, will retract it.

I have never brought in comparison either the moral or professional character of the Crawcours and Mallans "with those who use amalgam in its least objectionable form." I believe there are wide and marked differences to be found in their characters and principles, but the amalgam made by them, as far as I have seen, and had opportunities of judging, is identically the same. I would, however, unhesitatingly class with the Crawcours and Mallans all who are their imitators and rivals in fraud and deception, all who under disguised names falsely represent the qualities of mercury and silver, and im-

pose upon their patients by using it, with the assurance "that it is better than gold," to the irreparable injury of their teeth, when something infinitely better could have been employed. I can "perceive" no difference in the truth and honesty of the dentist who is really a "Doctor of Medicine" who so represents it, and the knave who without the least requisite knowledge calls himself dentist, assumes the title of doctor, (displaying it on his cards and door-plate), and makes the same representations, and uses amalgam in the same way and with the same effect. There may be those who use it (as many have said) "only in teeth that cannot otherwise be preserved." I have never seen operations from any such, and am at any moment prepared to prove abundantly that some of these men have used it where permanent gold fillings might have been put in.

Very respectfully,

E. PARMLY.

(From the New York Journal of Medicine and the Collateral Sciences.)

ETHERIZATION AND CHLOROFORM.

We have been not inattentive observers of the progress of etherization since it was first introduced to the notice of the profession by the late lamented Dr. Wells, besides having done our part in experimenting, in order to arrive at some safe and satisfactory conclusions. The result has been, that our early opinions, as expressed in some back Nos. of our journal, have been somewhat modified, though they have not been essentially changed; and we now regard *anæsthetic* agents as likely, at least for some time to come, to do as much harm as good in the practice of medicine and surgery. Not but that a valuable discovery has been made,—a discovery which will always be regarded as one of the most important of the present age, and one from which, eventually, important results will follow. But such has been the enthusiasm excited by the discovery, especially on the other side of the Atlantic, that surgeons, physicians and accouchers have vied with one another in seeing how far the process of etherization could be carried, and in what number and variety of cases it might be employed; operations have been sought apparently for the sole purpose of testing the reality of the wonder-working agent; all sorts of medical, as well as surgical cases, have been brought under its influence; farriery has experienced its benefits; and even the bee-hive has been robbed of its sweets while the industrious occupants have been wrapped in temporary forgetfulness. Truly this is an *anæsthetic* age! The age of gold, and of iron, and of bronze, has passed, and that of etherization and chloroform is dawning!—what will it be at its meridian?

But in all seriousness we ask, where is this mania to end? Has reason entirely fled the profession, and are we really the unreflecting, unreasoning herd that we are likely to be considered? For what is an *anæsthetic* agent? Why, nothing less than one which can produce temporary paralysis. And how is this paralysis, this loss of sensibility

and of intellect produced? Chiefly, undoubtedly, by producing a state of asphyxia,—a condition of the blood unfitted for the support, for any length of time, of animal or organic life. Something, doubtless, is due to the specific impression made upon the brain—the cerebral lobes, and the medulla oblongata;—but most of the phenomena result from the chemical changes wrought in the blood itself. This is especially the case with alcohol, sulphuric ether, and chloroform. It has always been known that there was total insensibility during deep intoxication from alcohol, in which condition the arterial blood assumes the color of the venous, from the oxygen received into the lungs converting a portion of the alcohol into water and carbonic acid, by combining with the hydrogen and carbon of the spirit, and intoxication does not pass off until the blood has again resumed its normal condition.* These effects have often resulted from inhaling the vapor of alcohol in spirit vaults. The same asphyxiating condition of the vital fluid is brought about by the inhalation of *ether*.† It has been abundantly shown, by recent experiments, that arterial blood always becomes darker under the effects of ether—that this change precedes the insensibility, and that the arterial color of the blood is restored previous to the sensibility. It is so when animals inhale nitrogen. Insensibility is also preceded by a dark color of the arterial blood, and a return to its natural color precedes the return to sensibility. But it does not therefore follow that asphyxia, thus brought about, is necessarily attended with serious danger, or that it would not be justifiable, under such circumstances, to induce it. The question to decide is, what are these circumstances? Sulphuric ether is a poisonous agent, and has proved fatal, when inhaled, in many cases. Two cases of apoplexy thus brought on are reported in the fifth vol. of the British Journal of Science. Similar cases are detailed by Orfila, in his Toxicology. Christison and Taylor, in their works on poisons, give fatal cases from the same cause. These were published many years ago, and are known to the profession. Let us look at the phenomena of etherization a little more in detail. The effects begin to be manifested soon after the ether enters the lungs. At first the brain is stimulated, the respiratory movements are increased in frequency, the pulse is correspondingly hurried, but soon they both begin to flag,—the respiration becomes slow, deep and loud; lethargy is creeping on apace—the skin assumes a pale or livid hue, and is cold to the feel—the lips become purple—the pupil dilates—sensibility fails, and the whole body becomes flabby and relaxed. Three or four drachms of ether introduced into the blood through the lungs, will produce these effects, in most cases, in from three to four minutes; but if fresh air be substituted as soon as unconsciousness begins, they as rapidly disappear. The sudden subsidence of the symptoms is, of course, owing to the rapid escape of the vapor from the lungs.

* The composition of alcohol is *oxygen* 1 eq., *carb.* 2, *hyd.* 3.

† The composition of ether is *oxygen* 1, *carb.* 4, *hyd.* 5.

When the vapor is inhaled for a longer time, say ten to fifteen minutes, more profound coma ensues; the pulse sinks and becomes imperceptible, the patient is aroused with great difficulty, if at all; there is temporary paralysis induced—sensibility is suspended. In some cases, though there is a general relaxation of the limbs, there is still a power of moving them, and the intellect and senses are almost unaffected, while general sensation is lost. The involuntary muscles, and the organs supplied by the ganglionic nerves, retain, to a considerable degree their normal functions, especially the uterus, whose contractile efforts go on almost unimpeded during etherization.

The effects, however, of ether-inhalation, vary according to idiosyncrasy, temperament, and other conditions. In some, considerable bronchial irritation results; some are so excited as to require considerable effort to restrain them; in some, nausea and vomiting are prominent symptoms, which occasionally continue for several hours. The conjunctiva is generally injected with blood, and the pupils dilated or contracted, occasionally fixed. The eye-lids are closed, and if the patient is unable to open them when requested, it is considered a good test as to the proper time of commencing an operation. The most remarkable phenomena connected with etherization, are doubtless those relating to the sensitive and intellectual functions. In some instances, the sense of feeling is suspended, while the intellect remains intact; the brain takes cognizance of external objects, while it either does not notice the impressions made on the sensitive nerves, or they do not produce on it the usual effects. This is readily explained by the doctrine now generally recognized by physiologists, that the seat of sensation—tactile sensibility—is seated in the great cephalic ganglia (tubercula quadragemina,) while the intellectual functions reside in the cerebral lobes. If these lobes were, as once supposed, the common centre of all impressions, as well as of the intellectual operations, it would be difficult to understand how common feeling or the sense of touch could be suspended, while that of sight and hearing continue. But if the sense of touch reside in the tubercula quadragemina, there is no difficulty in supposing it may be suspended without the suspension of the functions of the cerebral lobes. The same remark will apply to the sense of sight and hearing. But it is not so easy to explain why etherization should, in some instances, affect the seat of common feeling,—the special ganglia,—without affecting the cerebral lobes, and vice versa. Flourens and some other French physiologists have attempted, by experiments on animals, to show the order in which different portions of the nervous system are influenced by ether; but so far as we have observed, the symptoms are not so regular as to enable us to determine with precision, which portion is first affected; at any rate, we have observed no regular order in the phenomena manifested. The intellectual phenomena, if any are witnessed, may be sad or gay; violence and combativeness may be manifested; passion, hysteria, &c., according to the sex, constitution or susceptibility of the patient.

In experimenting with ether on dogs, we find they lose the faculty of sensation in eight minutes; and if they continue to respire it, perish in about forty minutes; and on dissection, the vessels of the pia mater, medulla oblongata, and sinuses of the brain, are filled with dark-colored blood, also both sides of the heart; while the liver and kidneys are equally congested, and the blood throughout the body is black and fluid. We find the cause of death, then, partly in the venous state of the blood, and its accumulation in this condition in the brain, and partly in the specific effect produced by the application of a poisonous agent to the cerebra-spinal centres. To prevent these fatal results, it is found necessary in the human subject to allow of the admission of a considerable amount of pure air; but, as M. Taylor has truly remarked, unless there is a complete restoration of sensibility and consciousness, the poison must go on accumulating in the system; and if the individual be allowed to recover thus completely, it may be regarded as a commencement of its poisonous action, *de novo*; if not thus allowed to recover, he is in danger of sinking under its effects. Would not the continual exhibition of morphia or strychnia, as the same writer asks, at intervals so short as not to allow of a recovery from each successive dose, cause an accumulation in the system, and lead to fatal results? Is it safe, are we justified in administering it *gradatim*, from time to time, to parturient females, perhaps during several successive hours, thus loading the blood more and more with carbon, to save those pangs which the wise Creator has, for some inscrutable purpose, connected with the process of child-bearing? Surely, the fact that thousands have recovered from inhaling it for a short period only, is not sufficient to decide this question. Because a man might survive fifteen minutes in the Black Hole of Calcutta, we are not, therefore, to infer that it would be safe for him to remain there over-night. Let it be remembered, that while ether is circulating in the blood, its carbon and hydrogen are constantly using up the oxygen of the vital fluid, and converting it into carbonic acid and water. We believe it will be found, as maintained by the discoverer of etherization, the late Dr. Wells, that the nitrous oxide gas, which contains no carbon nor hydrogen, but one atom of hydrogen and one of oxygen, will be found far safer than ether or chloroform, and will be preferred, therefore, by practitioners in cases where an anæsthetic agent is to be employed.

Let the advocates of indiscriminate etherization say what they may, there cannot be a shadow of doubt that numerous valuable lives have already fallen victims to its use. A few months since, the foreign journals abounded with such cases. Mr. Taylor, in his recent work on poisons, relates several unequivocal cases of this kind; one in which the vapor of ether was respired at intervals for only ten minutes, and another during a period of thirty-five minutes, in which, he states, the vapor produced a perfect state of paralysis of the brain and nervous system, and where, on dissection, the appearances already described were presented. In some cases, where surgical operations have been

performed, there have been alternate manifestations of excitement and depression of the sensorial powers, at one time resembling delirium, at another syncope, and again passing into violent intoxication, until the patients have sunk under the effects; symptoms not to be confounded with those which attend collapse from an operation. The conclusion at which Mr. Taylor arrives, (*loc. cit.*) is fully sustained by facts, that the inhalation of ether must be regarded as temporary poisoning, with, *ceteris paribus*, a better chance of recovery than exists in most other instances of ærial poisoning.

We have referred to the fact, that arterial blood becomes changed to venous under the influence of ether inhalation. It should be recollected also, that it becomes more fluid, as in asphyxia from other causes. The relative proportion of serum is manifestly increased.

Thus much as to the toxicological bearings of the question. We are fully aware, that in the minds of many of our readers, the question as to the propriety of etherization in surgical and obstetrical practice is already settled, and that they regard it as an invaluable boon to the practitioner as well as the patient. So unquestionably it is, if judiciously employed in proper cases, and under proper circumstances; but to suppose that so powerful a toxicological agent is not likely to produce dangerous results, unless used with the utmost circumspection, is contravening all that is known relative to other poisons of equal potency.* During the early period of etherization, when inhalers with the valved tube were employed, accidents were, undoubtedly, far more frequent than they have been since the introduction of the sponge; but still we hear of them occasionally, and they will always be likely to occur from idiosyncrasy, or peculiarity of constitution, even when etherization is cautiously practised. In surgery, we would say, that etherization may be expedient, where the danger from the shock of an operation is greater than from inhaling the poison, as in amputation, lithotomy, extirpations, and operations for anchylosis and necrosis of the larger bones; it might be proper also to resort to it in cases of dislocation of the arm or thigh, where relaxation is desirable; in painful operations on the rectum, and possibly in a few other cases; but immunity of pain merely, should never be purchased at the risk of life, nor even where it would interfere with the proper performance of an operation. It is, doubtless, often important that a patient should retain a voluntary control over his movements, not only for assisting the operator by executing those he may desire, but by abstaining from those which would interfere with the object in view. In careful dissections, as those for hernia and removing tumors from important parts, as about the jaw and neck, nose and mouth, etherization would be inexpedient; and so also in all cases of great weakness or exhaustion, and where there is any disease of the lungs, or heart, or an apoplectic tendency.

(To be Continued)

* We are happy to observe some very judicious remarks on the dangers of ether inhalation in surgery, sustained by several well-marked cases, in the Am. edition of Chelius's Surgery, vol. iii, p 767.

RECORDS OF PRACTICE.

To the Editor of the Dental Recorder:

SIR:—I have understood it to be an objection with some of the readers of the Dental Recorder, that too many of its pages are devoted to controversial subjects, when practical ones would be more desirable. In conducting a public journal it is very difficult to please every body, as the fable of the “old man, his son and ass” is an apt illustration. Now, where truth and facts are controverted, or the professional *honesty* of a respectable body of men denied, it is right and proper that such a discussion as the gravity of the subject requires, should be allowed in a journal devoted, as it should be, to truth and science. It is a pity, “and a pity ’tis that i’ts true,” that a vast majority who aspire to call themselves dentists, and who with all the impudence of ignorance most shamelessly declare that they do not want to read *any* thing relating to the profession they have chosen, and which they are disgracing. The little that this class know of dental science is as purely mechanical as it would be to bore a hole in a log of wood and drive into it a wooden plug.

As it relates to controversy, so far as I have been engaged, it has been forced upon me in the defence of myself and those whom I highly esteem, who think with me, and whether we have “carried the war into Africa,” or “into the enemy’s camp,” we will leave it to impartial witnesses to judge.

After this episode or apology in favor of controversy, I will relate a *new* case, that is, as it respects myself, never having before seen one originate in the same way, although my professional experience has somewhat exceeded thirty years. (I will not say of “unexampled success”).

Mr. Haydock, a gentleman of this city, being on a journey to Boston and its vicinity in December last, contracted a violent cold, which fell on the external plate of the alveolar process of the lower jaw, involving the bicuspid and canine tooth on the right side, and which was followed by a good deal of inflammation and swelling. Being away from home and none of those teeth being decayed, and not considering the bad consequences that might follow, he neglected consulting any one while absent and for some days after his return, expecting nature to cure without assistance. At length he applied to me, expecting to have some of his teeth drawn. I found the integuments covering the jaw below the teeth considerably enlarged, and matter issuing through the gum in several places opposite the teeth. On introducing a small probe, the bone was found to be affected in several places. Treatment:—I enlarged those diseased openings to the very bottom, and introduced a tent into each, ordering them to be removed once or twice a day, and furnishing him the means of replacing them. The improvement of the disease was hardly perceptible for some time, though considerably less aggravated. At length on the 9th of March,

a piece of bone about one-third of an inch in length and half as wide, exfoliated, and came from opposite the posterior bicuspid. Since then its improvement has been rapid, and I am expecting the others to be relieved in the same way, and am pretty certain of a perfect cure. While on this subject I would remark that the general practice appears to be to *extract* diseased teeth instead of *curing* them, which is nearly as absurd as to cut off an arm to cure a sore. The day of this tooth-extracting mania or quackery is passing away, and the time will come when a proper distinction will be made between dentists who save diseased teeth and those who destroy them.

Topical bleeding with leeches, would probably have prevented, if applied at the proper time, all the suffering of Mr. H., and consequently the danger of losing his teeth.

E. BAKER.

TWO CASES FOR THE DENTAL RECORDER.

"Look on this picture, and on this."—*Shakspeare*.

CASE I.—Mrs. L., of this city, had the first right molar tooth in the inferior jaw filled with gold by an eminent dentist in the fall of 1847. The operation of preparing and filling the cavity was very painful, but Mrs. L. was assured that the pain would cease in a few hours. But the pain continuing with increased severity for two or three days, and also extending to the adjoining teeth, she called upon the dentist and advised him of her severe suffering, and desired to know if anything could be done to afford relief. The dentist replied to her that it was his opinion that the pain was caused by irritation in filling, which he believed would pass off in a day or so, and according to his advice she returned home to give time a fair trial to remove the inflammation, but as time afforded no relief she again consulted her dentist, and on a more minute examination of her case, he removed the filling and re-filled the cavity, after having carefully placed a gold plate over the nerve, which was nearly exposed. The capping and re-filling did not meet the anticipation of the dentist nor his patient, for after a few more days of severe suffering, she returned and had the tooth extracted.

CASE II.—Mr. D., of this city, was attacked in the fall of 1843 with severe pain in the first right bicuspid of the inferior jaw; the tooth was much decayed, and he called upon his dentist to have the tooth extracted, but most fortunately for him the dentist advised the filling of the tooth with mineral paste, to extracting. Mr. D., not having much confidence in the healing and preservative properties of mineral paste, consented to have the tooth filled as an experiment. On examination of the tooth by the dentist, he found the diseased portion so extremely sensitive and painful to remove, that Mr. D. refused to have all of the soft bone removed. It was therefore filled without

faithfully preparing the cavity, and although Mr. D. was suffering very much from the tooth at the time it was filled, it passed away in a few hours, and has remained ever since useful and free from inflammation and pain.

I examined the tooth last week, and found the filling perfect, and no appearance of decay around it. Two or three important questions may be asked in reference to the above cases: First. Why did not the gold filling preserve the tooth? Second. From the good effects manifested by the use of paste in the second case, is it not probable that it would have been better than gold in the first? Third. Shall we condemn gold because it increased the suffering of the patient, and failed to preserve the tooth?

J. S. WARE.

New York, March 20, 1848.

SECOND DENTITION.

In November, 1844, I extracted the two anterior and superior bicuspidates for a young girl, aged twelve years, to make room for the superior cuspidati, which were coming some distance above the position which they ought to occupy. About the same time, the anterior and inferior molares of the left side were removed, on account of decay and pain. I did not see my patient again until March, 1848, more than three years afterwards. On looking into her mouth, I found the teeth all well developed, and those in the upper jaw very regular; the spaces made vacant by extracting the two teeth were filled by the cuspidati, which had come into their natural position. The space occupied by the inferior molaris, previous to its extraction, was also closed by the second molaris coming forward, and the second bicuspid going back, until the two touched each other.

The articulation on this side of the mouth was perfect—the superior bicuspid tooth shutting between the two bicuspidates in the lower jaw; but on the right side, where all the teeth remained, the jaw was too full, causing the inferior canine to close anterior to the upper lateral incisor. I then saw that the lower molaris, or one of the bicuspidates on the right side should have been removed when the others were extracted, which would have produced a perfect articulation all round, and prevented the crowded condition which the teeth are now in on this side, which will, probably, cause some of them to begin to decay soon.

Mr. Koecker recommends that the anterior molares be removed, to prevent irregularity instead of the bicuspidates, but we are of opinion that this should depend upon circumstances. If the molares are diseased and the bicuspidates sound, then the diseased ones should be extracted; but if healthy and well developed it will generally be found better to remove the second bicuspidates, as the anterior molares are the most useful teeth in the mouth for mastication.

A.

NEW YORK DENTAL RECORDER.

APRIL 1, 1848.

CHLOROFORM.

We commence the republication of an article from the New York Journal of Medicine and the Collateral Sciences in the present number, upon the subject of Etherization and Chloroform. The views of the writer are those which we have entertained from the time of the first introduction of the use of ether into the practice of dental surgery. That there are not cases in surgical practice in which it is admissible, we would by no means say, but the use of it indiscriminately in the minor operations performed by the dentist, we have always disapproved, and are not sorry to see it going out of use.

We have never recommended it in a single instance when about to extract a tooth, and have never used it, except when the patient demanded it, and when, after examination into the temperament and health of the person requiring it, and his general predisposition to particular diseases, in which it might prove an exciting cause, we could discover no reason to apprehend any injury from its use. In no single instance has any disagreeable effect followed its administration by us.

At one time, many dental practitioners were using it for almost every tooth which they extracted; but the publication of a few cases in which it was supposed to be the cause of fatal effects, together with the disagreeable nausea and giddiness which all who have used it have frequently witnessed, have put almost an entire stop to its administration. Many dentists who have witnessed its dangerous and disagreeable effects, have become afraid to use it, and their patients are still more afraid to inhale it, and the sale of the article has diminished from pounds to ounces. Only in a few cases is its use admissible in the practice of the dentist—when the health of the patient requires that a tooth should be removed, or when the parts around it are in a high state of inflammation, so that the operation would be unusually painful, and perhaps protracted by the situation or condition of the tooth; also when it is necessary to remove children's teeth, to prevent or remedy irregularities of the permanent teeth, and when they have not sufficient nerve to submit to the operation. In such cases, if the patient has a vigorous constitution, and no predisposition to cerebral affections, it may be proper to administer it.

The best method of administration is the sponge, or a napkin placed before the mouth and nose of the patient, so that there may be nothing to impede a free inspiration of the atmosphere. It is not necessary to push it until its full effects are produced. In almost every case the fear of the operation is dispelled before complete unconsciousness is produced, and this is all that is necessary to be effected. As soon

as the patient is willing to have the operation performed it should be done, and if a degree of pain is felt from it this is of no consequence after the operation is over. When used in this cautious manner, we do not apprehend any danger from it.

THE DENTAL INTELLIGENCER.

The First Number of Vol. IV. of "Stockton's Dental Intelligencer" has made its appearance, and in an entirely new dress. This publication has been changed from a monthly to a bi-monthly. Its appearance is much improved, and the contents highly creditable to the publisher. The present number contains a republication of Dr. Trenor's article on Amalgam, and several other articles of interest to the dental practitioner. We are glad to see a more liberal spirit displayed by its editor than has heretofore characterized it. A year or two since we noticed a refusal to publish a communication in favor of the use of Amalgam for filling teeth, with the following remark: "We are astonished that any practitioner should advocate the employment of an article so obviously inefficient in the preservation of the teeth, and injurious to the healthy condition of the surrounding structures." We do not mean to insinuate that the editor of the Dental Intelligencer has become an Amalgam man, but only that he is willing that the subject should be freely discussed.

It has been said that the dentists were not a reading class of men. If we are to judge from the number of periodicals now regularly published, and the new works which are constantly issuing from the Press, we should say that this is a false imputation upon them.

According to the best of our knowledge, there are but about twenty-five hundred dentists in our country, who at present sustain five quarterly, bi-monthly, and monthly periodicals. This fact speaks well for the progress of our science, and we hope and trust that they may help to elevate and improve its condition, and place it upon a level with the other professions in respectability and usefulness.

AMERICAN FILES.

Various attempts have been made, in this country, within the last few years to manufacture Dentist's Files; but with the exception of one or two manufacturers, who have succeeded tolerably well, the American files have been far inferior to either the English or the French. The cutting of the teeth has generally been done in a rude and clumsy manner, as though the poorest workmen had been put upon it, and the files have been very much sprung and twisted by tempering. Some two years since a young man called on us with a good assortment of American files for the Dentist's use which in point of work-

manship far exceeded any we had ever seen, but they were so soft as to be entirely useless for filing teeth.

Lately we have been using files made in our city by Mr. John J. Lewin, No. 70 Forsyth st., which answer an excellent purpose. They are hard and stand as well as any files we have ever used, and in point of workmanship highly creditable to the manufacturer, being smoothly cut and generally straight and true. They are for sale by Jones, White & Co., No. 263 Broadway.

CHLOROFORM INHALER.

A very portable Chloroform Inhaler has been invented by Rushton, Clark, & Co., No. 10, Astor House. It is made of glass, one end formed so as to fit the mouth, and the centre of the other perforated to admit the atmosphere. Within is a thin piece of sponge, upon which the chloroform is to be put, and it is ready for use. "The advantages of the Inhaler," say the inventors, "consist in its preventing the chloroform from touching the lips or face, and as the nostrils are not covered, the patient inhales a small quantity of atmospheric air with the vapor of chloroform, which renders it less liable to produce coughing, and also less liable to produce head-ache, and irritation of the mucous membrane of the nose, than when inhaled by both mouth and nostrils." It is perfectly simple, and can easily be kept clean. We have tried it, and find it a convenient manner of administering the chloroform.

An Essay on the Diseases of the Jaws and their Treatment. By LEONARD KOECKER. Surgeon-Dentist, &c. &c. New Edition, with copious notes, and an Appendix containing tables of upwards of three hundred cases, by J. B. Mitchell M. D.—London, 1847. pp. 94.

"This is one of those works of pretence written ostensibly for the instruction of the profession, but in reality to advertise the author, and to lead the public to believe that he is thoroughly versed in the knowledge of the diseases of which he treats. The appendix contains a table of 355 cases taken from various sources, is calculated to impress the readers of the work, of the extent of the author's researches, but it is valueless in respect of the object for which they were collected, viz. to elucidate the causes of the diseases of the jaws. At best the table furnishes an example of mis-applied industry. We should consider it a waste of time and space to bestow further notice on so indifferent a production."

The above notice is copied from The *British and Foreign MEDICO CHIRURGICAL REVIEW* or *QUARTERLY JOURNAL* of *PRACTICAL MEDICINE AND SURGERY*, and is what Bulwer would call a specimen of "slashing criticism."

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF
SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol II.

MAY 1, 1848.

No 8.

BAKER'S REPLY TO PARMLY.

To the Editor of the Dental Recorder :

SIR :—I trust you and the readers of the Recorder will have a little patience, while I explain, what need no explanation, the *facts* which took place at two meetings of Dentists in this City, one, previous to the time of Dr. Houston's mission to Springfield, in the case of Mr. Ames, and the other after his return.

Perhaps it will be well to begin by referring my readers to Mr. Parmly's letter and your own, contained in the last No., taking up the subject, *seriatim*, and "avoiding vain repetitions" and questions, as much as possible.

In a letter addressed to you he says, that an article *purporting* to have been written by me in the Feb. No. of the Dental Recorder, contained language in relation to himself, which "is not only untrue but libelous." By the bye, this *denying* with him has become very common-place, and what is most supremely ridiculous, he asks you, with much apparent gravity, if *you* hold yourself responsible for the statements made in that article ; I would inform the gentleman that I have obtained my majority, and am, of course in *any* way, responsible for all publications to which my name is attached. "There's no terror, Cassius, in your threats."

Your answers, which might perhaps have been more full to the several questions he put to you, I think, should have satisfied any *reasonable* man, that all the proceedings of the meetings alluded to, were approved of, and confirmed by all the gentlemen present, numbering some eight or ten. The resolutions at the first meeting, as I understand, if not read at the time, were unanimously approved of, and Dr. Houston was employed, all present contributed to pay his expenses, besides some who were absent, and when returned, he made his report. But before reading his report, the Dr. requested, which was very proper, that the meeting should be organized, in order to receive *it* in due form ; I was nominated as chairman, and Dr. Castle

as secretary; some one in the mean time observed that it was unnecessary to take a vote, no one objecting, that formality was accordingly dispensed with, and by common consent, (or acclamation,) we were chosen to those offices, and discharged the duties thereto pertaining.

After stating in substance, what I have just written, you close your answer, sir, to Mr. Parmly's letter by saying, that "Dr. Houston's report was then read to the meeting, after which, it was decided by *all* present, that the proceedings of both meetings, (containing the resolutions of course,) together with the report, should be printed, and that the name of E. Baker should stand as chairman, and A. C. Castle as secretary." Needs there more evidence to show that we were the chosen and legal officers of the meeting?

Now, I think it would puzzle any man, save, the learned and critical President of the American Society of Dental Surgeons, which is famed for its *regular* and *constitutional* proceedings! to perceive any irregularity or lack of authority in the beforementioned proceedings.

I had no agency in forming the resolutions (if I had had they would have been much more stringent and full) or report, and exercised no responsibility except in virtue of my office, and the order of the meeting.

In all that transpired, as regards myself, and I most heartily agree in all that was done at those meetings, and as far as I have been engaged in "Mr. Parmly's Amalgam war"; I feel conscious of the *mens sibi conscia recti* within, and therefore need not fear the shafts of either envy or malice.

It is not at all likely that Mr. P. would like the action resulting from those two meetings, and therefore he falls to quibbling about the slightest deviation from parliamentary form—that was not at all necessary. The gentlemen present at those meetings, came together with the same feelings that would have actuated them if an incendiary had been abroad. What were the circumstances? Mr. P. had made one of the most audacious and untruthful attacks the present day has witnessed, on a large, talented and most respectable portion of his professional brethren—taking advantage of the false and absurd story of the cause of Mr. Ames' death, to "*warn*" the public not to employ dentists who made use of any amalgam in filling teeth—knowing at the same time that it was used more or less frequently by *all*, as Dr. Brewster says, of the most distinguished dentists in Europe, as well as by many of the same class in this country—gentlemen, many of whom are vastly superior to him in scientific attainments, and would be very likely to know as well as himself, whether it is or is not a proper substance for filling teeth.

To return to those meetings—they might with great propriety be called "indignation meetings", and unanimous, for such they were, and those composing them were under no necessity of going through any forms, but proceed, *una voce*, directly to their object; and they

were so forbearing as to call Mr. P.'s publications, calumnious *only*, when with great truth they might have added, false and libelous? and I have no doubt four-fifths of the dentists of this City, would subscribe to the same.

I should not have alluded to Mr. Parmly's note of intimidation to Mr. Clark, had it not been to show the very unjustifiable measure, to say the least of it, which he took to rid himself, as I presume, of a formidable adversary.

At the commencement of the Amalgam Controversy, Mr. Parmly singled out Mr. F. H. Clark, as the special object of his malignity, and published a card in the Tribune of May 28, 1847, containing the following extract. "I have no longer confidence in him, nor in the professional integrity of others who use it. I cannot, therefore, recommend him or them as safe persons to apply to as Dentists." In reply to this, Mr. Clark published a card in the same paper, reflecting in severe language upon Mr. Parmly's practice of using "soft filling" (tin foil) for teeth which could be much better preserved by amalgam, and wrote a private letter to Mr. P.—It was in answer to this latter communication, that Mr. Parmly wrote the following note.

Saturday Morning, May 27, 1847-

MR. CLARK :—

SIR :—Since I have had a little time to reflect, I have thought much of the untruth* as I understand it in your circular—and of the bitter injustice and ingratitude expressed in your letter—I hold now, and have held for years the facts connected with a certain transaction in Baltimore; but out of kindness and good will towards both yourself and Mrs. Clark, I have never exhibited or divulged them to any human being. I now ask you in kindness to take back this morning, what you have written, or you may hear from me again.

Yours, &c.

E. PARMLY.

* "*I ceased to be a member.*"† The truth would have been *I was expelled*. I leave town to day at half-past eleven o'clock for the country; if I do not hear from you before that time, *I will promise no longer to keep the facts concealed.*

E. P.

Let the readers of the Recorder decide, whether this note contains a threat or not. If it is not a threat, it is a mean and cowardly attempt to intimidate an adversary, which no generous man would be guilty of.

† This quotation appears to be an extract from Mr. Clark's circular, which Mr. Parmly calls untrue. As Mr. P. has had much to say during the controversy about the unfairness and untruths of his opponents, I am induced to examine into the truth of the following, taken from an article in a New York paper, signed by E. Parmly, and dated Geneva, Ohio, July 26, 1847. "In the year 1837, Mr. Clark was with me a few months, and on leaving me to settle in Baltimore, I gave him a letter of commendation; but failing of success or from some other causes, he some years afterwards returned to New York, and adopted in his practice, the use of *Mineral Paste*, which from its baneful effects upon the teeth and mouth, I wholly condemn; and without the slightest permission or approval from me, used my name upon his door-plate. He was at that

What those "facts" were, Mr. Clark says Mr. Parmly refused to inform him! moreover, Mr. P. directed his lawyer to write to Mr. Clark, intimating that a prosecution might be brought for a libel! Now, is this fair? is it magnanimous? does it become him to talk about libelous matter? He appears to set himself up as "a Sir Oracle, as who shall say, when *I* speak, let no dog bark".

As it regards the next paragraph, I never had any doubt myself as to Mr. Parmly's *real* meaning. He has in *all* his missives had one interpretation for the public, and another for his adversaries, and like the priests of the Delphian oracle, claims the privilege of interpreting his effusions to suit his own purposes.

He tells the *public* that those dentists who use amalgam in any shape or way, are professionally everything they ought not to be, and "warns" *it*, (the public) against trusting or employing such as use it; while by his professional brethren he designs to be understood, as censuring only those who say it is better than gold, which he holds not to be exactly honest, and he fortifies himself by getting the signatures of the "immortal eight" to convey the *former* meaning to the public, and the latter to the profession,* &c. &c. He also says by inference and implication, at least, that he is the greatest man (in his line of

time, a member of the American Society of Dental Surgeons, who, at their annual meeting, in 1845, appointed a committee to enquire and examine into his practice, as well as that of others residing in the City. On the report of that committee, *he alone was expelled.*"

Now, says the reader, "what was Mr. Clark expelled for?" "Why, evidently for using amalgam;" but says Mr. Parmly, "I did not say so, I only said he was expelled." This is a specimen of the very small hole through which Mr. P. thinks to creep, for in point of fact Mr. Clark's expulsion had nothing to do with amalgam, as the following extract from the report of the committee appointed by the society to enquire into the standing of members, will show.

"The following are the names of the members decided to be expelled by the requirements of the constitution and by-laws, viz.: J. O. Baldwin, F. H. Clark, V. Cuyler, — Foster, of Utica, and A. C. Hawes." The requirement of the constitution under which these men were "decided to be expelled" or to have expelled themselves, for no action could be taken by the society except to order their names erased from the constitution—was this, "Any member who shall neglect to pay his annual dues to the society, for three meetings of the same, shall be notified, and if still he does not settle, his name shall be stricken from the list of members. Instead of an impeachment and expulsion for the use of amalgam, as Mr. Parmly's language clearly implies, Mr. Clark took the method of leaving the society, not alone, as Mr. Parmly has said, but in company with four others. The above record is taken from the proceedings of the American Society, as published in the American Journal, the society's own organ

I leave it to the readers of the Recorder to judge, whether or not, Mr. Parmly's challenge to prove false any assertion of his, has been met.

* Soon after Mr. Parmly declared so fearlessly in the Tribune of May 28, 1847, that he had no confidence in the professional integrity of those dentists who use amalgam, his friend, Dr. Lovejoy, called on him, and asked if he meant to include him in that sweeping clause. "By no means my friend," was Mr. Parmly's reply, "if all use it as you do, I would not have one word to say." To others he has said, that he had no doubt but that they could use it without doing harm with it. If Mr. Parmly would always write in this way, none of us would find fault with him, and there would be no cause of controversy between him and his professional brethren, for all admit that the article has been greatly abused by ignorant and unprincipled men, and often (before its properties were as well known as they now are,) used injudiciously by the honest and skillful.

business,) in the world ; if he frown, we are *mesmerized* ! if he shut his hand, we starve !! but, if he only shake his fist, we DIE !!! Heu; me miserum !

I think it very likely he may have seen a lady who had amalgam fillings in her teeth, but I hold it untrue (if she suffered while they were *in*), that she suffered *less* when afterwards they were filled with gold. I understand Mr. P. is thrown into an amalgamania, when he sees a filling of that description.

Moliere, so long the terror of the apothecaries of Paris, made one of his dramatis personæ say to another, "Call in a doctor and if you do not like his physic, I'll soon find you another who will condemn it;" the lady he mentions possibly did not like her fillings, but what is more likely Mr. P. prevailed on her to *dislike* them.

I know it is puerile, but I beg leave to balance his very interesting case by some others, *per contra*. I know several persons, and have heard of a multitude of others, who have had their teeth filled with gold by — —, and who left him because they continued, under his treatment, to decay ; when as a last resort, they have been filled with amalgam, and remain to this day useful teeth.

I can't see any thing in his last page, hardly, worth noticing. He endeavors to shift the *onus probandi* on his adversaries—perhaps this is his only alternative, because he can prove none of his own assertions. He is no sooner refuted in one position, than he begins to quibble and attempt a new issue, which has nothing to do with the subject matter in dispute. The only strong point he has shown is to tell Dr. Perkins he lies, which he finds he can do with impunity, because the careless lazy fellow will not take the trouble to say any thing more about it.

It is for *him* to prove the truth of his own assertions, not for *us* to prove that they are *not* true. It is for him to prove that Mr. Ames was killed with amalgam, (why don't it kill others ?)—he promised to get the certificates of Mr. Ames' physicians, to that effect, but on the contrary, they say *the idea is ridiculous and absurd*.

Whatever relates to the professional opinions or practice of respectable men, should be treated, by one of the same profession, with *some* degree of deference and respect. He appears to be as little acquainted with the rules of decorum, as he is regardless of the truth of the facts he has asserted. His premises are false, and, of course, his conclusions are absurd. *Injuries* may be atoned for and forgiven, but *insults* admit of no reparation. He has endeavored to degrade those of the profession, who think differently from him on the subject of the use of amalgam, in their *own* minds and in the estimation of the public, and has forced us to retaliate, and "return the poisoned chalice to his own lips." Hence his course has been libelous and a scandalum magnatum ; aggravated by being in the public prints—and from the arrogance, unfairness and temper, he has shown during the discussion, especially in the newspapers, and from his conduct as

president of a certain society, there is great reason to fear that there is a repository in his heart, in which his resentments may be safely laid up for *future* occasions, and preserved without the hazard of diminution.

On a calm review of the battle-ground, I cannot perceive that Mr. Parmly has gained any laurels as a controversialist, either in the newspapers, or as a pamphleteer, or even in the pages of the Recorder. Now, in conclusion, as an impartial friend, let me say to him—My Dear Sir: I fear that *prose is not your forte*. Would you favor the age (and ages to come) with a heroic or epic poem of the mighty doings of the society, of which you have the honor to be at the *head*; all done too in “immortal verse” by your *able* and *classic* pen, beginning something in this style,

Me and the immortal eight I sing, &c.

And so become the Homer of fair Columbia's land, you might continue through life to experience the same feeling of glorious exultation which animated you at the time the society was formed, when you so eloquently exclaimed, “Mr. Chairman:—I feel myself happy in being of the number of those, whose names shall be transmitted, in the Act which we have just performed, to the latest posterity; and whose memories will live in the history of our profession, long after our mortal remains shall have been gathered to the home of our fathers.*”

I am, &c.,

E. BAKER.

CONSTITUTION AND BY-LAWS OF THE SOCIETY OF DENTAL SURGEONS.

PREAMBLE.

IN order to create a more perfect union for professional improvement, by a free communication of facts and interchange of opinions — and to promote the honor, character, and interests of the Dental profession, the undersigned Dental Surgeons, of the State of New York, have formed themselves into a Society, and adopted the following Constitution for its government:

ARTICLE I.

OF THE NAME OF THE SOCIETY.

This Society shall be called and known by the name of “The Society of Dental Surgeons of the State of New York.”

ARTICLE II.

OF THE OFFICERS.

SEC. 1. The officers of this Society, shall consist of a President, two Vice Presidents, a Recording and a Corresponding Secretary, a Treasurer, a Librarian, and an Executive Committee, composed of five members. All of said officers shall be residents of the State of New York: the president, or one of the Vice Presidents, and a

* See American Journal, Vol. 1st, page 163.

majority of the Executive Committee shall be residents of the city of New York. The President and Vice Presidents shall be ineligible to the same office during the term immediately succeeding that to which they have been elected.

SEC. 2. All officers shall be elected at a regular annual meeting only. They shall be voted for separately by ballot—with the exception of the Executive Committee, which may be voted for collectively: a majority of votes, in all cases, determining the election.

ARTICLE III.

OF THE MEMBERS.

SEC. 1. There shall be three classes of members—Resident Members, (residing within the State,) Non-resident Members, and Honorary Members. The first two classes, shall consist of those who sign and adopt this Constitution and the By-Laws of the Society, and who shall have paid into the treasury an initiation fee of five dollars, and shall have paid in advance the yearly subscription of three dollars: the third class shall consist of those who have been duly elected as Honorary Members of this Society.

SEC. 2. The dues of this Society shall, in all cases, be paid in advance; and no member shall be entitled to its privileges, until this section shall have been complied with.

ARTICLE IV.

OF THE ELECTION OF MEMBERS.

SEC. 1. All applications for membership, as acting members, shall be made in writing, and directed to the Recording Secretary, who shall present the same to the Society at their first regular meeting thereafter; the action on which may, on motion, be laid over until the next regular meeting.

SEC. 2. Any applicant for membership, after being notified of his election, and failing to comply with the requirements of Article iii. Section 2, for one year thereafter, shall not become a member, unless by a renewal of his application, enclosing the initiation fee and annual subscription.

ARTICLE V.

EXPULSION OF MEMBERS.

Any member may be expelled for unprofessional conduct, malpractice, or gross immorality, on being duly convicted thereof—three-fourths of the members voting for the expulsion at a regular meeting of the Society.

ARTICLE VI.

OF THE MEETINGS OF THE SOCIETY.

The Annual Meeting of the Society shall be held on the second Tuesday of September, at such place as shall be determined upon from time to time. There shall also be quarterly meetings of the Society held in the city of New York, on the first Tuesday of December, March, and June, of each year.

ARTICLE VII.

OF THE RESOURCES OF THE SOCIETY.

The Society may receive contributions of money, books, or any other property, which may be disposed of as the Society shall direct.

ARTICLE VIII.

OF THE DISPOSITION OF THE FUNDS.

SEC. 1. Any funds belonging to this Society may be appropriated for the purchase of any dental apparatus, the printing and publishing of any books or papers, and such other objects as the Society may, from time to time, direct.

SEC. 2. Any resolution for the appropriation of the funds of this Society, except for the necessary expenses of the regular meetings, shall be submitted to the Society in writing, at a regular meeting, and then shall lie over until the next regular meeting for final action thereon.

ARTICLE IX.

OF THE POWERS OF THE SOCIETY.

This Society shall have power and authority to make rules, by-laws, and ordinances for its regulation, and to do any other act and thing needful for its government

and support; provided, always, that the said rules, by-laws, and ordinances, do not conflict with this Constitution.

ARTICLE X.

OF THE DISSOLUTION OF THE SOCIETY.

SEC. 1. In case a dissolution of the Society shall at any time be proposed by seven members, notice thereof shall be sent, in writing, to all the members; and if, at the next Annual Meeting, a majority of three-fourths of the members present vote for the proposition, it shall be dissolved.

SEC. 2. Should the Society thus be dissolved by its own act, the property of the Society shall be sold at public auction, and the proceeds divided equally among its members.

ARTICLE XI.

OF A QUORUM.

Seven acting members shall form a quorum for the transaction of business, at any meeting of the Society. But in case no quorum be present, the next regular meeting shall be at the same place.

ARTICLE XII.

AMENDMENTS.

Any alteration, or amendment of, or addition to this Constitution, shall be proposed at a regular Annual Meeting only, and shall not be acted upon until the next Annual Meeting; when, if two-thirds of the members present vote in favor of the adoption, of such proposed addition, alteration, or amendment, it shall become a part and portion of this Constitution.

BY-LAWS.

ARTICLE I.

DUTIES OF OFFICERS.

SEC. 1. It shall be the duty of the President, to preside at all meetings of the Society, to present such premiums and testimonials as may be awarded, and draw upon the Treasurer for all money appropriated by the Society.

SEC. 2. It shall be the duty of the Vice President, to preside at all meetings of the Society, in the absence of the President, in the order of their election, and to perform the other duties of the President in case of his death, resignation, sickness, or other disability.

SEC. 3. In case of the absence of the President, and all of the Vice Presidents of any meeting of the Society, a President pro-tempore shall be appointed.

SEC. 4. The Recording Secretary shall keep a record of all the meetings of the Society, and furnish such copies of the same as the Society may order, and deliver to his successor in office, all the records, papers, letters, or other property in his possession belonging to the Society. He shall also keep the seal, and set it to all instruments of the Society requiring the same. He shall also receive, keep an account of and pay over to the Treasurer, all the money paid into the Society, and take his receipt for the same.

SEC. 5. It shall be the duty of the Corresponding Secretary, to conduct the correspondence of the Society, not connected with its members, according to the spirit of the Constitution, By-Laws and Resolutions; or in cases where questions arise that have not been settled by the Society, in accordance with the advice of the President—to keep a correct copy, in a book, of all letters written by himself, officially, and a file of all he may receive. He shall also report to the Society, at each Annual Meeting, and deliver over all books, letters and accompanying papers, to his successor in office.

SEC. 6. The Treasurer shall hold all the money of the Society, subject to its orders. He shall make an annual report, and give at all regular meetings of the Society, such information, in relation to its funds, as may be called for; and give satisfactory security for the faithful discharge of the duties of his office. He shall also deliver up to his successor in office the books, papers and funds, belonging to the Society.

SEC. 7. It shall be the duty of the Librarian to keep the books belonging to the Society's Library, and to keep record of all the books delivered to the members, who

shall be required to return the same within three months; and in case of failing to do so, shall pay into the Society's Treasury fifty cents, and if not returned within one year, he shall pay into the treasury twice the cost of the book.

SEC. 8. It shall be the duty of the Executive Committee, to audit the accounts of the Treasurer, provide proper places for the meetings of the Society, examine all candidates for membership, who may be referred to them, superintend the Society's printing, and attend to all other business referred to them by the Society.

ARTICLE II.

REQUISITION OF MEMBERSHIP.

SEC. 1. No person shall become an acting member of this Society, who has not attained his twenty-first year, and is not, at the time of admission, a practising Dentist.

SEC. 2. No person shall become an honorary member of this Society, who has not been a practising Dentist.

SEC. 3. All persons in the practice of Dental Surgery, at the time of the formation of this Society, may become members on application; provided, always, that they are persons of good moral character; that three-quarters of the members present vote for their admission; that they comply with the provisions of the Constitution; unless objections are made, in which case, all such persons shall be referred to the Executive Committee, and if, after examination, they report favorably, they shall be elected as above described.

SEC. 4. All persons who shall become practising Dentists subsequent to the formation of this Society, who may apply for membership, shall not be admitted, unless, upon examination, found to possess competent knowledge of the theory, and have been in the study and practice of Dental Surgery at least two years.

SEC. 5. All persons admitted to membership in this Society, shall be voted for by ballot.

ARTICLE III.

OF IMPEACHMENT.

SEC. 1. Any acting or honorary member may be impeached by two members of the Society, who shall specify in writing, under their signatures, the charges that are preferred.

SEC. 2. The member so impeached, shall have transmitted to him a written copy of the impeachment, with notice of the time of hearing before a committee appointed for that purpose, which time shall not be less than one month after the member shall have received said notice; then, if the report of said committee sustains the impeachment the Society, at a stated meeting, may, by ballot, suspend or expel said member, by a vote of two-thirds of all the votes given.

SEC. 3. Any member who shall neglect to pay his annual subscription for one year, shall be notified of his delinquency by the Recording Secretary, before the expiration of the second year, and if he does not make payment before the second year has expired, he shall cease to be a member; and shall not be restored to membership unless by a vote of the Society, after the payment of all arrearages.

ARTICLE IV.

OF THE POWERS OF THE SOCIETY.

SEC. 1. The Society shall have power to appoint at its annual meetings, some one of its members to prepare and deliver an opening address at the next annual meeting.

It may appoint, also, persons to present essays at its regular meetings upon subjects touching the interests of the profession, which essays may be subjects of discussion by the Society.

SEC. 2. This Society may at any annual meeting offer premiums for the best dissertations or essays, upon any subject or subjects, that may be designated at the time; said essays to be read at the next annual meeting; but all essays which receive premiums, shall become the property of the Society, and be adjudged by the Society to be of peculiar merit.

SEC. 3. Premiums may also be awarded for improvements in Mineral Teeth, operations in Dental Surgery, or any dental mechanism, which may be presented to this Society with the privilege of being used in the practice of its members.

ARTICLE V.

OF TAKING STUDENTS.

No member of this Society shall take a Student into his office, and engage to teach



him the practice of Dental Surgery, in a less period than two years; and each member for every Student taken into his office, shall pay into the Treasury of this Society, the sum of ten dollars per annum, which shall entitle said Student to the privilege of attending all the meetings, visiting the Lyceum, and examining all operations performed here, dental apparatus, &c.

ARTICLE VI.

ALTERING BY-LAWS.

No alterations of these By-Laws shall be made without having been proposed at a regular meeting, and shall require a vote of two-thirds of the members present.

CHLOROFORM IN SURGICAL OPERATIONS.

[*Boston Med. & Sur. Journal.*]

DEAR SIR:—Before this arrives, you will have received the March No. of the Western Lancet, containing our report of the death and *post-mortem* examination, in the case of Mrs. Simmons, who took a fatal dose of the chloroform on the 23rd of February. From the statements of the dentists, Messrs. Meredith and Sexton, and the two female friends of Mrs. S. who were present, I am induced to believe that death took place within five minutes, if not less, from the commencement of the inhalation. The suggestion of Prof. Simpson was followed in this case, viz., that it is best to put the patient as speedily as possible under the influence of the chloroform.

There was a plenty of this article in the inhaler; a sponge fully saturated with it occupying at least one-third of the space in the glass globe of *four and a half* inches in its internal diameter. Mrs. S., a woman of decision of character, began and prosecuted the inhalation fearlessly, and with twelve to fifteen deep inspirations, as estimated by the dentists, had her lungs flooded to suffocation with the vapor. Although the valve, more than half an inch in diameter, for the admission of air, was opened at the first, a large proportion of chloroform could not fail to have sunk into the lungs in the early part of the experiment, and to have made a strong impression upon their functions. The suddenness of the impression and the quantity of the article caused the death. It seems to have been in its effect not unlike the large doses of alcohol, or opium, which prove speedily fatal. A man in London dropped upon the ground, and was in a few moments dead, from drinking a quart of gin at a wager; and in the interior of Ohio, a few years since, a man, under an attack of mania a potu, drank from a large bottle a draught of laudanum, and was dead in five minutes. The state of the blood in Mrs. Simmons's case, *fluid to the last drop of it*, was like that observed from the sudden action of an overwhelming dose of a narcotic or alcoholic poison, or of electricity in death from lightning.

I cannot help believing that Prof. Simpson's opinion is erroneous, and that, if taken as a guide in the use of chloroform, it will inevitably lead to further disastrous results. I have performed sixteen sur-



gical operations under the influence of this agent, and without a single unpleasant effect in any case. I have been led to give it the preference to ether, from the greater certainty and expeditiousness of its anodyne operation, and from not having observed the degree of prostration, and those tormenting and protracted pains, which have repeatedly followed the ether, in severe operations, as amputation of the large limbs. In the case of a young man, from the stump of whose thigh I removed a large portion of necrosed bone, the patient slept so soundly during the entire operation, including the dressing, and, by estimation, for ten or twelve minutes afterwards, that neither hallooing in his ear, dashing cold water in his face, nor pinching his skin, made any sensible impression. But his sleep was quiet as that of a child, with the breathing and the pulse natural; and he readily awoke on application of ammonia to the nose. From this time onward he was quite comfortable, without a symptom which might be attributed to the chloroform.

In a majority of cases I have seen, the pupils have been dilated under the chloroform inhalation. In one case they were well dilated in about *twenty* seconds. It is natural to infer that an agent which can act so suddenly like a powerful narcotic, should be dosed with caution; and I am in the habit of employing about half a fluid drachm upon a handkerchief, or small piece of sponge, and after the patient has inhaled it, of repeating it until sleepiness or muscular relaxation is produced; and if the surgical operation is protracted, of renewing the dose on signs of returning sensibility. In all the cases in which I have operated, the sensibility to pain has been wholly suspended or nearly so; in some few, consciousness has remained during the whole period; and I believe every patient has expressed entire satisfaction in having made the experiment. A man of 48 years, on whom I operated this afternoon in our Hospital, for strangulated congenial hernia, with *two feet* of intestine in the sac, made the following comment, on being removed from the table—"this *caliform* is a grand discovery."

Yours truly,

Cincinnati, Ohio, March 22, 1848.

R. D. MUSSEY.

ETHERIZATION AND CHLOROFORM.

[CONCLUDED.]

In the minor operations of surgery, and in dentistry, ether inhalation is the height of folly. The medical uses of ether do not come within the scope of our present design.

With respect to the employment of ether in obstetrical practice, we doubt whether its general use, as recommended by some, is either desirable or expedient. We respect the motives of those of our professional brethren who are aiming to remove the primeval curse from the daughters of Eve, but it is not yet proved that we can, with safety,

reverse the decree of Nature which connects suffering with the process of parturition. It is, doubtless, our duty to relieve pain and suffering where we safely can, as well as remove disease; but we are first to enquire whether, in so doing, we may not sacrifice a greater to a lesser good. Dr. Warren has very justly observed, that "there is no parity between the abolition of pain in surgical operations, and the abolition of the pains of labor, the former being only a part of that general law for preservation against injury, in consequence of which, whenever a foreign body threatens to impair the integrity of an organ, pain is produced, and the organ is instinctively withdrawn from the contact." While, therefore, there is nothing contrary to the laws of nature in the removal of pain from surgical operations, that which regulates the pains of labor is a general law, which cannot be changed by the power of science; its final cause being sufficiently plain to show its utility and necessity.* Dr. Warren thinks that the use of so powerful an application through the whole period of a natural labor would, in proportion to the term of that labor, increase the dangerous tendency to organic excitation; and, when this period is very protracted, it might bring on distressing derangements of the stomach, brain, spinal marrow, or uterus, besides in many cases suspending the uterine contractions. We agree with this distinguished surgeon in the opinion, that the cases in which ether can be properly resorted to in midwifery, should be considered as exceptions, such as, 1st. In a natural labor, when the pains are uncommonly severe, especially the terminating pains in a first parturition. 2d. During limited periods of labors prolonged by a preternatural cause. 3d. When, from the peculiarity of constitution, the patient cannot, without danger, support the usual amount of suffering. 4th. For the purpose of obtaining relaxation in irregular contractions of the uterus, as the hour-glass contraction after delivery.

The above remarks in regard to ether inhalation, will also apply to the use of chloroform. It is far more powerful, and, therefore, deleterious agent, when improperly used, than ether, and the fatal cases arising from its employment have thus far been proportionally far more numerous. Composed of carbon and hydrogen, like ether, it contains, in addition, 3 eq. of chlorine, which render it still more sedative in its influence on the heart and circulation; and we feel no hesitation in predicting that it is not destined to occupy so prominent a position among anæsthetic agents as some have supposed. We have taken it, however, several times ourselves, and administered it in a few instances to others; and Professor Simpson, of Edinburgh, informs us, that he has given it in upwards of fifty cases without any danger or unpleasant symptoms. Professor Walter Channing, of Boston, has also been very successful in its use. Still the fatal cases attending its employment, some of which are published in our present No. have been so numerous, as hardly to justify its extensive application to midwifery or surgical practice. We would say of this as of ether-

* "Etherization, with Surgical Remarks." By J. C. Warren, M.D. 1848. pp. 100.

ization, that notwithstanding what has been done, the profession at large would not be justified in employing them, in ordinary labor especially, until we have a more careful collection of cautions and accurate observations, and more precise information as to its effects, both on the uterus and the assistant abdominal muscles; its influence on the child, circumstances contra-indicating its use, and other matters connected with its operation. The propriety of resorting to either of these agents is a problem yet to be solved; we shall leave the solution to others, who have better opportunities or more zeal than ourselves.

As to the origin of etherization, we are happy to learn that the French Institute has recently awarded to the late Dr. Wells a premium of 25,000 francs for the discovery. Although he is now beyond the reach of praise or censure, we rejoice that justice will at least be done his memory, and that professional opinion is so unanimously awarding him the sole credit of introducing and establishing the existence of anæsthetic agents. We regret, however, to find our Boston friends still harping on the claims of Doctors JACKSON and MORTON, apparently entirely insensible to the fact, that in their mutual criminations and recriminations the latter have long ago met the fate of the celebrated Kilkenny cats. The profession are fully satisfied that Dr. Jackson has proved that Dr. Morton was not the discoverer, and that Dr. Morton has equally proved that Dr. Jackson is not the man. We would like extremely well to oblige our Boston friends in this matter, if we could conscientiously; but we cannot; let them remain satisfied with what they can justly claim, and not suppose that every new thing under the sun is a "Boston notion." Let us hear what Dr. Warren says on this subject:—"In this country, Dr. Horace Wells, of Connecticut, made many trials of this gas in 1844. In the autumn of that year he came to Boston, and in company with Dr. Morton visited me at the Medical College, for the purpose of requesting that the Medical class should have an opportunity of hearing some remarks on THE USE OF THE NITROUS OXIDE FOR THE PREVENTION OF PAIN. These remarks were actually made, and at a subsequent day a trial of the gas took place. But as I was very much occupied at the time, these occurrences made so little impression on my mind, that when, in the latter part of 1846, we were assailed in reference to Dr. Morton's first experiments, for a too great facility in adopting novelties, and the facts above mentioned were brought to corroborate the charge, I was for some time not able to understand the grounds of the attack. Dr. Wells, however, in the summer of 1847, mentioned to me circumstances which recalled to my mind his visit; and his statement was afterwards confirmed by that of Dr. Morton. Such are the facts within my knowledge of Dr. Wells' efforts to discover a mode of preventing or alleviating pain in surgical operations. It appears that he actually did prosecute his trials in Connecticut, and elsewhere, to such an extent that, when the matter was investigated by the legis-

lature of the State in the winter of 1847, his labors were thought worthy of honorable notice. Dr. Marcy, of New-York, appears to have had communications with Dr. Wells on the inhalation of ether and of nitrous oxide; the result of which was, that he advised Dr. Wells to suspend the use of ether, and continue his trials with nitrous oxide. Whether these gentlemen had a knowledge of the proposal of Sir Humphrey Davy, we are not able to say.”*

And yet Dr. W. claims for Boston the honor of the discovery. Now, let it be observed, that Dr. Wells has proved, that as early as 1844, he had performed more than 20 successful operations, while his patients were in an insensible state, under the influence of nitrous oxide and ETHER; that he communicated the discovery of this condition, and made known these facts to Drs. Morton, Warren, &c., in the fall of 1844, viz., the discovery of an agent “for the prevention of pain;” for the former state in their specification, (*Boston Med. and Sur. Jour.*) and this is what they claim as their discovery! We cannot refrain from expressing our conviction that Dr. Wells has been very unfairly treated, and that the time has come for awarding him the justice he so richly merited. Is it unfair to suggest, or even unreasonable to conclude, that the tragical event which ended the labors of Dr. Wells, was induced, in a measure, by a consciousness of his own deserts, joined to an apparent unconsciousness of them by his professional brethren? It is, indeed, a saddening reflection, that, had his discoveries, to which others, who enjoyed his confidence, unjustly lay claim, been duly awarded him, and duly appreciated while he lived, he now might be among us, a valued and useful member. But so the world wags. Rarely is desert awarded, or even acknowledged here; too often, as in this case, justice comes too late.—and it is only when reward is useless and praise an empty sound, that the name of the *true* benefactor is heard. But from his ashes let the truth arise, and in this mournful instance, we can only say,

“PALMAM QUI MERUIT, FERAT!”

* On Etherization, p. 86, 1848.

RECORDS OF PRACTICE.

EXPOSED DENTAL NERVES CAPPED.

For the Dental Recorder :

The following cases are taken from my own practice, and will serve to show my method of treating diseased teeth, when it is important to retain them for mastication, or when the patient refuses to submit to the operation of extraction. My own observation and experience have taught me that the dental nerve may be capped and the operation prove successful in the teeth of many persons, while in others it fails to afford relief, but rather increases the inflammation and suffering. In all cases where the capping does not afford relief, the filling should be immediately removed, and the nerve destroyed, after which it may be filled with either gold or mineral paste, but in all such cases (except the front teeth,) I would recommend mineral paste.

CASE 1. Mr. E. W., residence of this city, called upon me in the Month of February, 1846, to have his teeth operated upon. On examination I found them in a very diseased condition, and on removing the carious portion from the second right Bicusped tooth in the superior jaw, I found it had penetrated to the dental nerve—and at the same time I accidentally lacerated it, which produced bleeding—After having carefully removed the diseased portion of the tooth, I applied to the lacerated nerve a little Creosote and Morphine combined, which immediately arrested the bleeding. I then prepared a small quantity of mineral paste, and carefully placed a small cap directly on the nerve, and after waiting a short time for the cap of paste to harden sufficiently to prevent any pressure on the exposed nerve, when filling the cavity—I carefully filled the tooth with mineral paste. This tooth has been ever since, a useful member of the dental family, and free from all pain, and is now in as good condition as it was on the day of filling. I have treated during the past few years, many teeth like the one above mentioned, and with equal success, although it cannot be expected that every such case will be successful.

CASE 2. Mrs. F., a resident of the country, called upon me, in the month of September 1845, to have if possible, the disease arrested in several very badly decayed teeth. Mrs. F. had been truly unfortunate in the loss of many of her masticating teeth, therefore she considered those which were left of great importance, and expressed a strong desire to save them. On examination I found three of her teeth very much diseased, and the dental nerve of one exposed, this tooth, after carefully removing the diseased portion, was capped with lead upon that portion of the nerve which was exposed, and the cavity filled with gold. Mrs. F. called again upon me last week, to have other cavities filled in her teeth, and informed me that the tooth.

the nerve of which I capped with lead and filled with gold, had up to this time remained perfectly healthy. And I would here say that at the time of Mrs. F.'s first call in 1845, I filled two of her molar teeth, which were much decayed, with the mineral paste, these teeth have also done well—for the arrest of the disease has been complete.

CASE 3. Mr. S., resident of this city, called upon me a few months since in great haste, to have a tooth re-filled which had been filled for several years with gold, but which had that day fallen out, which caused the tooth to ache. On removing the decay it unavoidably exposed the nerve, and at the same time I cut it, which caused bleeding. I then said to Mr. S. that it would not do to fill the tooth to-day, on account of the nerve being cut—and that he had better postpone the operation for a few days, until it had time to heal. But to this delay he declined to submit, saying that he must leave on the morrow for the South, and would be absent several months, therefore he must either have it filled now or not at all, until after his return—but preferred to run the risk of its aching after filling, than the exposure without filling—I then applied Creosote and Morphine to the exposed nerve, which arrested the bleeding—after which I made a small cap of the mineral paste and carefully laid it upon the nerve, and after it had become sufficiently hard, I filled the cavity with the same material. Mr. S. returned a few days since, and informs me that he has not had the least pain from the tooth.

New York, April 20, 1848.

J. S. WARE.

REMARKS UPON THE ABOVE CASES.

If Dr. Ware succeeds in a majority of cases, like the above, in preserving under his capping the vitality of the dental nerve, he has had better luck than we ever had with similar operations.

We have tried all kinds of material for the caps, (except mineral paste,) lead, tin, gold, asbestos, &c., but have been uniformly unsuccessful. In every case as far as we can now recollect where we have had an opportunity to examine the tooth a few months afterwards, it has proved that the nerve died after the operation had been performed. In many cases the patient had experienced but little if any pain, often it was severe and the inflammation extensive. The operation in our hands was so unsuccessful that we abandoned it long since. We would not discourage other dentists from making similar attempts, for if the nerve can be preserved alive under such circumstances, a great point is gained. We must not suppose however, because the tooth has given no pain, that the nerve is still alive, for oftentimes it dies quietly, and the first indication which the patient has of it, is a small pustule over the fang discharging pus.

We have never seen a healthy living nerve under a filling and in contact with it, and are inclined to believe that in all these cases which have been reported, the character of the nervous pulp has been

changed, and instead of giving health and vitality to the crown of the tooth, it only remains a kind of fungus, sustained and nourished by the vessels in the fangs, similar to those which are often met with protruding above the remains of the fangs of teeth which have long been broken off.—ED. RECORDER.

DISEASED ANTRUM.

Mr. W. a resident of this City, had the first right molar tooth in the superior jaw filled with gold, some 12 years ago. Although the cavity was large, the tooth had never pained him before or since it was filled, until the 20th of this month, when he experienced a slight spasmodic sensation about the temple, eye, and cheek bone, which came on at intervals of several hours. On the 21st, the spasms of pain continued with increased severity, and extended to the fangs of the tooth. On the 22d. the tooth became somewhat painful, and it was increased by pressure upon the crown. In this state of the disease, Mr. W. called upon me for council and relief, if it could be afforded without the loss of the tooth. I removed the filling but found very little diseased bone beneath, and only a small opening to the cavity of the pulp. On cutting into the chamber of the nerve, I found the branches of nerve in the outer fangs dead, but the palatine alive. There was considerable tenderness over the outer fangs on pressure, but none over the palatine. After cleansing the cavity, I passed a small pledget of cotton moistened with a preparation of creosot, morphin and chloride of zinc. After which the cavity was filled with clean cotton, and the patient dismissed with a request to call on the 23d if the medicine did not relieve him, but if he was free from pain he might omit his visit until the 24th. On the 24th I saw him again, when he informed me that the pain ceased in about an hour after he left my office, and did not return, but there was still considerable tenderness on pressure over the outer fangs of the tooth, and on removing the pledget of cotton, a small quantity of pus passed from the cavities of the outer fangs. Mr. W. informed me, that on the 23d while stooping, there was a discharge of a yellowish and "*offensive*" fluid, which undoubtedly came from the antrum, and was the result of the inflammation in the fangs of the tooth. Now if this tooth had been filled with Mineral Paste, and the patient had fallen into the hands of the opponents to its use, they would have attributed the whole disease to the "Poisonous" effects of the Mineral Paste, rather than to the condition of the tooth and constitution of the patient.

New-York, April 26, 1848.

J. S. WARE.

During the past summer, a gentlemen from the south who had been afflicted with a diseased antrum for two years, called on us by advice of his physician, to have a large molar tooth extracted preparatory to

puncturing the antrum. On examination we found the tooth without a nerve and filled with Mineral Paste. The inflammation in the antrum commenced soon after the nerve was destroyed, and had continued ever since. After the tooth was extracted, we passed a small probe without any effort directly into the antrum. From the circumstances of the case, as related by the patient, we had no doubt but that the disease had been caused by the dead tooth, and the effect would probably have been the same if it had been filled with gold or tin under the same circumstances and in the same condition. The proper treatment, in our opinion, would have been to extract the tooth as soon as signs of inflammation were manifested; but if the patient would not consent to this then, the filling should have been removed and appropriate remedies applied to reduce the inflammation, after which it might probably have been filled and remained healthy for a long time. Diseased antrum is often produced by general as well as local causes, in the present case the surgeon expressed the opinion that the tooth had no agency in producing it.—ED. RECORDER.

ANCHYLOIS OF TWO MOLAR TEETH.

A few days since, two teeth were shown to us which were firmly united by new osseous matter, both of which were recently extracted by Dr. Parkhurst, of Norwich, Ct.

They were the second superior molaris and the dens sapientiae. The molaris was considerably contracted in its antero-posterior diameter, which gave it a compressed appearance, the two external fangs being united and showing merely the dividing line or suture between them. The wisdom tooth lay at right angles with the body of the molaris, the crown pointing towards the posterior extremity of the alveolus, and the fangs firmly cemented between the fangs of the molaris. This *lusus naturæ* was probably caused by a contracted alveolar process, which forced the tooth to take a horizontal position instead of a vertical one, and brought the fangs of the two teeth in contact, which pressing unduely upon each other, caused a slight inflammation, which produced the deposition of earthy matter that united the two firmly together.

A similar case is reported by Dr. Merryman, accompanied by an engraving, in the first volume of the American Journal of dental science, but the active inflammation which existed in the tooth, for some time after it was filled, as the patient informed me, was a cause sufficient to produce the disease which followed in every case of diseased antrum, which has fallen under our observation or treatment; there has existed dead teeth or fangs which were permanent sources of inflammation. We believe, with Prof. Harris, that most cases of diseased antra may be traced to diseased condition of the teeth.

NEW YORK DENTAL RECORDER.

MAY 1, 1848.

IMPROVED MOUTH PLATES.

We published in No. 3 of the present volume, a description of an improvement in the gold plates used for sustaining artificial teeth, on the principle of atmospheric pressure; the invention of which was claimed by Dr. Porter, of Bridgeport, Ct., in a communication published in the same number, and which has since been patented by Mr. Levi Gilbert, of New Haven, Ct.

Mr. Gilbert called upon us a few weeks since, and showed us a beautiful upper set of artificial teeth, constructed upon his principle. He says he has worn teeth in this way for more than two years, and on examining his mouth we could perceive nothing like an unhealthy or fungus protrusion of the gum into the chamber of the plate. There was a slight prominence corresponding to the size and form of the chamber; but very little, if any, more than is seen after wearing the plate a few hours. He informed us that he usually removed the plate during the night, which gave the flesh time to return to its natural form. In his own case, the principle appeared to work admirably; there was apparently, no more irritation than is caused by a plain plate filled in the usual way, while the tenacity with which it adhered to the jaw, far exceeded that of any plain plate which we have ever seen.

We have fitted some half a dozen plates in this way, and have had the satisfaction of succeeding very well with them; no complaint has been made of irritation more than is common for a short time, when plates of any kind are worn in the mouth, and the cases where we have put them in as temporary sets to be worn only while the jaw was shrinking from absorption of the alveoli, have answered much better than plain plates.

Although Mr. Gilbert has secured a patent for this improvement, it is his intention that all practicing dentists shall have the benefit of his invention; but as he claims that he has been to considerable expense and great trouble in perfecting the plan, he deems it but just that he should in some degree be remunerated for it. We have already expressed our doubts whether Mr. Gilbert is the original inventor of this kind of plate. We have in our possession a specification and drawings made by Mr. A. Johnson, of Bond street, who among others, claims the invention as far back as 1842, while Dr. John Crane puts in the same claim dating several years earlier. Mr. Gilbert has however, made some other improvements in mechanical dentistry, the whole of which he imparts to those who seek information of him.

He has an improved apparatus for taking impressions of the mouth in wax. It consists of a tin for holding the wax, made in the usual way, except that it has no raised edge on the inside to support the wax in the roof of the mouth, but in place of it there is a sliding inclined plane, made in the form of a half-cone, the apex of which points towards the front part of the tin, this semi-cone is attached to a wire passing under the tin and having a screw and nut attached to the front part of the tin. When ready for use, the base of the cone is slid back upon the tin near to the palate, the wax is then placed over and around it, filling the tin out to the raised edge, which passes outside the alveolus. It is then pressed upwards and a little backwards, to bring it fairly in contact with the anterior portion of the alveolus, as high as is necessary, when by giving two or three turns with the thumb-screw, the sliding cone is drawn forwards gradually and equally expanding the wax contained in the upper part or roof of the mouth, in every direction.

Another improvement which Mr. Gilbert suggests is, to strike up a plate of tin about as thick as the ordinary gold plate used by dentists, before swedging the gold one and while the casting is perfect, then, after striking up the gold plate, if it does not fit the mouth perfectly, the tin one is to be tried in and after the air is exhausted from the chamber, so as to cause it to adhere firmly to the jaw, it is to be pressed with the fingers into close contact with every part of the alveolus. This tin plate is so soft and yielding that it may be perfectly fitted to every part of the mouth which it covers. Care should be taken to have the fit perfect around the chamber in the roof of the mouth, as the success of the operation depends mainly upon this part. This may be done by passing a common burnisher around the chamber to press it up in this part. After the tin plate is fitted to the mouth as perfectly as the operator desires his gold one to be, the chamber is to be perforated with a sharp pointed instrument, which lets in the air, so that the plate may be removed without altering its form. This tin plate is then to be filled with plaster from which another metallic casting is to be made, and the plate again struck upon it. If care be taken through the various steps of this operation, the dentist can hardly fail in obtaining a perfect fit.

Mr. Gilbert, although not a practicing dentist, has shown great ingenuity in the various suggestions and improvements which he has made, for which he is entitled to the thanks of the profession.

By referring to our advertising sheet, the reader will perceive that Mr. Murphey's dental depot is removed to No. 557, Broadway, where he has an excellent assortment of all articles used by the dental surgeon. Ashmead & Hurlbut, manufacturers of gold foil, gold plate, solder, &c., have also removed to No. 255, Broadway.

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF
SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol. II.

JUNE 1, 1848.

No 9.

PARMLY'S REPLY TO BAKER.

New York, May 25th, 1848.

C. C. ALLEN, M. D.

DEAR SIR—I regret to be thus compelled to continue this warfare, but so long as you continue to receive and publish what I know to be untrue,* I shall ask of you leave to reply.

The following is the heading or introduction to the document containing the resolutions of which I have complained, which is also wanting in truth.

“At a meeting of Dentists of the city of New York, Dr. E. Baker was called to the chair, and A. C. Castle appointed secretary, the following resolutions were then unanimously adopted.”†

In Dr. Baker's last article, he asserts, “I had no agency in forming the resolutions, (if I had had, they would have been much more stringent and full,) or report, and exercised no responsibility except in virtue of my office and the order of the meeting.”

I assert, on undeniable authority, that at that meeting Dr. Baker was not “called to the chair,” and that the resolutions as published, were not seen, read or approved at the meeting.‡ I

* We were in hopes that the controversy between Drs. Parmly and Baker would not be continued, but as the conductor of the Dental Recorder, wishing to render impartial and strict justice to both, as Dr. Parmly complains that false statements have been made in Dr. Baker's last, to his prejudice, we can do no less than give him an opportunity to set them right. We publish the communications which are handed us by both gentlemen, under their own signatures, and are not responsible for the statements contained in them.—ED. RECORDER.

† See resolutions, June number of Recorder, 1847.

‡ Dr. Allen who was present at both meetings, states, (see his letter in No. 7, of Dental Recorder, page 122) that “it was resolved in an informal manner to send a medical man to Springfield, &c.” By this we presume that our readers understand that the meeting was not organized, and of course no chairman or secretary existed; but at the close of the second meeting, it was decided to publish the proceedings of both meetings

would then ask what "office" has "virtue" enough in it to shield a man from "responsibility," who signs his name to a document which he knows is false; and publishes it to the world?

Dr. B. further says, "he promised to get certificates of Mr. Ames' physicians." This I say, is also wickedly untrue and unjust. I never promised it—I said "I have written to a professional friend of Mr. Ames' for a full statement of the case, and *if* I obtain it, I will lay it before the public"—Dr. Bemis informed me that he never received such letter, and it may now be in the hands of the Postmaster in Springfield, to whose care it was sent.

In speaking of Mr. Clark, Dr. B. says "instead of an impeachment and expulsion for the use of amalgam, as Mr. Parmly's language clearly implies, Mr. Clark took this method of leaving the society, not alone, but in company with four others." I leave to the readers of the Recorder to judge, whether or not Mr. Parmly's challenge to prove false any assertion of his has been met."

I again repeat that Mr. Clark* *was the only one* that was expelled, as the record will show, of those reported by the committee, (appointed to enquire into the practice of the members,) and if it was for non-payment of dues as I yesterday heard it intimated, instead of the report of that committee, as I then understood it and now believe it to have been, I regret the mistake should have occurred.†

in the public prints, as the transactions of two organized meetings, and Drs. Baker and Castle were then decided to *have been* the chairman and secretary of both meetings. The resolutions written by the secretary, are a *true and faithful* transcript of what those two meetings of Dentists had resolved to do. The whole spirit and sense of all those resolutions "as published" were both heard and "*approved* by the meeting," and the whole falsehood, which Dr. Parmly complains of, consists in publishing those transactions as the proceedings of organized meetings, having a chairman and secretary, when they were the doings of two informal meetings, without either chairman or secretary being appointed at the first meeting. It was from us that Dr. P. first learned that the meetings were unorganized, because we did not think the matter of sufficient importance to conceal it from him. The meeting directed the proceedings to be so published, because such is the usual form, and is responsible for it. If it is a falsehood, it is certainly a very harmless one, and was not intended to injure any person.—ED. RECORDER.

* It was previous to any publication in the newspaper by Mr. Clark, that the "private communication" was received, and partially answered by the note that was printed, and not after, as would appear from Dr. B.'s statement—for proof, I refer Dr. B. to dates, and to F. H. C. himself.

† In order to set all things right so far as we understand them, we publish the following extract from the report of the committee. "Six (among whom is the name of F. H. Clark,) use amalgam under certain circumstances, and refuse to pledge themselves to discontinue its use." We publish also an extract from a letter which we received from the Recording Secretary, and which accords with our own recollection of what took place at that meeting, at which we were present.

Syracuse, Sept. 24th, 1847.

In answer to your questions I say that the men you name, were all expelled for *non-payment of dues*. At least I so understand it. Certainly none of them were expelled on the score of amalgam.

Very respectfully and truly,

To C. C. ALLEN, M. D.

A. WESTCOTT.

The language I used to Mr. Lovejoy was on receiving from him (June 1st, 1847,) this written declaration. "I have never to my recollection, said that amalgam was better than gold for filling teeth, I now believe, and am ready to say, that I believe gold to be the best article now known, for filling teeth."

The indirect charges, of a want of tact as a controversialist—attainments in professional science—courtesy in charging falsehood upon one after he had been detected—magnanimity in compelling another to prove or retract his assertion—I admit—I have only aimed to tell the truth in such a way that Dr. Baker and my friends could understand it.

In order to convince the readers of the Recorder, that the eight distinguished professional gentlemen, who gave their testimony in favor of the views advanced, are not the only ones who hold the same opinions, I take leave to transcribe the following letter received on the 7th inst., from Baltimore.

Baltimore, May 5th, 1848.

I write to say that the American Medical Association has just adjourned, and that our College Delegates were received, and our school consequently placed on a footing with the other medical schools of the country; and further, the chairman on medical literature, Dr. Holmes of Boston, in his report, has decided the "amalgam controversy," by giving you the victory, saying that amalgam has nothing to stand upon. I shall publish this report as soon as I can obtain a copy of it, with the minutes, or rather an abstract of the proceedings. You now have the satisfaction of knowing that the views which you have so long maintained, have been declared to be correct, by the most learned and scientific body in the world.

In haste Yours, &c.,

C. A. HARRIS."

While I have the approbation, and am professionally sustained by such men, I shall care but little for the personal abuse of Dr. Baker.

Respectfully Yours, &c.,

E. PARMLY.

CONE ON THE EXTRACTION OF TEETH.

The following article, taken from the American Journal, we would recommend to our readers for their careful perusal. Too many practicing dentists extract or break the teeth of their patients in a careless hasty manner, without sufficiently examining into their situation, and connection with the alveolus and adjoining teeth, regarding it as merely bad luck when the tooth breaks at its neck, or brings away with it a portion of the bone, but as positive proof of skill, if it comes

away without any accident of this kind, Dr. Cone has shown much critical observation in arranging the following classes, many of which the cautious observing practitioner will at once recognize as old acquaintances, although he may not have been in the habit of distinctly marking them. We are persuaded that if every dentist would make a study of each tooth before attempting to extract it, and form a prognosis in his own mind, of his probable success or failure, that he would after a little practice, seldom be disappointed by the termination of the operation. It is best however, always to be prepared for the worst, for he will much less frequently fracture the tooth when he apprehends that there is danger of it, than when he expects to encounter no difficulty, hence a long course of success is apt to make us hasty and careless, while an unexpected fracture or two has a directly contrary effect.*

ED. RECORDER.

[From the American Journal of Dental Science.]

Physical Diagnosis in Determining the Amount of Muscular Effort Demanded in the Operation for the Extraction of Teeth. By C. O. CONE, D. D. S., Baltimore.

The extraction of teeth is an operation of so frequent an occurrence, and so generally performed without immediately dangerous consequences following, that it has been considered an unlicensed field to labor in, by all who are prompted by a disposition, till this very democratic permission finds a *painful* response, in the strong feelings of dread and reluctance, with which most patients submit to the operation.

The reflecting dental surgeon, who appreciates the feelings of those who ask his professional assistance, and is emulated with the laudable desire to attain the highest point of professional excellence, will not look upon any thing that may tend to illustrate or explain any feature of this operation with indifference.

The pain necessarily attendant on the removal of a tooth can be greatly abridged, and the certainty of a successful issue much enhanced, by adopting such preparatory measures as the circumstances of the case would seem to demand in securing the desired end. That there are hundreds in our own profession who never adopt any precautionary measures, or examine the indications connected with the proposed operation, or certain caution to be exercised, but rather trust to the fortunate chance of accident, is a truth that does not demand for its establishment, illustration. If it is equally true, that a large proportion of such practitioners would gladly avail themselves of the benefits of finger-board facts in their guidance, if such existed and

* The article as printed in the Journal, contains many errors, (probably typographical,) some of which rendered the meaning of the author very obscure and ambiguous, but which we have endeavored to correct in the present copy, as far as practicable, without changing materially the phraseology.

were tangible. To such, and the *tyro* in the profession, I need not offer any apology for the hints which I am about to propose.

The teeth are held in their respective places in the dental arch by their surrounding alveolar walls, which are accurately adapted to the size and form of the fangs they enclose, and it is to these, aided by the intimate connection existing between the periosteal membrane covering their fangs, together with the length of the latter, and their divergence from parallelism that their firmness is established, although the degree of their firmness is determined by the peculiarities of tissue and structure, or constitutional formation; and that these can be very generally determined by physical indications is unequivocally certain.

To distinguish, and correctly interpret these physical signals with unerring certainty, I am candid to confess is almost impossible, or can only be done with great difficulty, and even then by those, only, who have long exercised themselves in this field of physical observation. But to determine whether a tooth demands much or little physical force to remove it from its articulation, is a question more easily determined; and it is a qualification which the dentist should possess in a very general degree; for should he attempt to extract a tooth, without applying sufficient force to the instrument operating upon the tooth, to break up its attachment in the direction corresponding to the motion given by the instrument operating on the tooth, the motion might as well not have been given, so far as the luxation of the organ is concerned in that step of the operation; although it may exhibit the demands required for the next step, which knowledge should have been possessed by the operator, even anterior to his making choice of the instrument for the extraction.

The degree of firmness with which the alveolar processes retain the teeth in their sockets, is determined in a very great measure by the density and unyielding texture of its structure, or, in other words, upon not only the quantity and quality of its mineral ingredients, but, also upon their molecular and cellular arrangement, and component quality of its fibrous, structural base, and the relative amount of water that is held in its union, together with the thickness of their internal and external plates, and the volume of their transverse uniting laminae, all of which is dependent on, and regulated by the component parts of the blood. If the red particles of the blood predominates, the osseous parts will be firm and context in structure, and its formation resembling more the compact, than the *areolar texture*.

The periostial tissue lining the cavities in the alveolus for the reception of the fangs of the teeth, and which changes its character in some degree, becoming more adhesive and dense as it ascends about the necks of the last named organs, making their union with the surrounding parts more secure, is dependant also for its firmness and tenacity, together with the surrounding soft tissues upon the condition

of the blood, which is determined by the predominance of gelatine over the albuminous particles of this fluid.

Having thus, very briefly, considered the causes that determine the various conditions and degree of firmness of the parts surrounding the teeth, and before proceeding to describe the physical peculiarities marking the various degrees of firmness, of the osseous and fibrous structure in individuals, I would observe, that in all cases, whether the support to the teeth be great or small, their articulation is more firmly established at that period marking the meridian of life, as the chemical composition of the osseous parts, as well as the tenacity of the fibrous tissues varies considerably in the various stages of life, and we may also add, under different circumstances of health and disease. In childhood and youth the relative proportions of animal matter is at its maximum, rendering the bony structure more easily compressed, and the fibrous tissue easily torn, while in advanced age, from the great preponderance of phosphate and carbonate of lime, the osseous tissue is friable and easily fractured, and the fibrous structure rendered brittle.

We find, in those individuals who are near a perfect state of health, resulting from good constitutional organization, and where the sanguinous temperament predominates, who have all their organs well developed, the alveolar arch describing regular elliptical circles, and presenting a great degree of strength, by the thickness of its plates, and the perpendicular height with which they rise from their base. It will also be observed, as the lancet is introduced for the separation of the gum from the neck of the tooth, that the alveolar plates are very resisting and compact, and their close adaptation to the fangs of teeth will not permit the instrument to detect the line of separation, but which would appear like one continuous bony structure. The fibrous structure presents also great density of formation. Such, usually, have accompanying, the following characteristics, teeth regularly arranged, the cutting edges of the superior anterior teeth meeting or striking slightly oblique or vertical; the molars but faintly marked with cusps on their grinding surfaces, the crowns of all classes short and thick; the anterior teeth presenting almost a rounded appearance; the length of all classes show great uniformity, and their necks much narrower than at their cutting edges, their color varying from a cream white to a pearly cast, tinged with yellow, the earthy salts predominating, rendering them hard and not easily acted upon by corrosive agents. The external plate of their alveolus presenting one continuous line, unbroken by prominences, marking the size and directions of the fangs of the teeth. Individuals possessing such physical indications, after the system has acquired its full strength, and has not been enervated by constitutional or local disease, or old age, demand the *greatest* amount of muscular effort, and cautionary measures to be adopted for the extraction of their teeth.*

* This class of teeth is very correctly described, and has given us more trouble,

The next class of teeth that demand great physical exertion for their luxation, is found in individuals whose temperaments are sanguinous, although not so plainly marked as in individuals—possessing teeth bearing characteristics like those just described. The teeth are long and well formed, and somewhat rounded; the cuspidati usually pointed, although frequently worn to an obtuse point; the cutting edges of the superior lateral incisores are rounded. Such teeth are usually crowded in their arrangement in their alveolar arches, which are usually prominent and thin, and not unfrequently, from this cause, the anterior superior teeth made to strike, perpendicularly, on the inferior teeth, or within the arch of the same. The color of such teeth may be either a light cream, or a muddy white; and when the latter exist, their structure is such as to render their crowns brittle. Organs of this description are generally found with individuals having thin but prominent countenances, and energetic features.

Another class of teeth having a relationship not greatly distant from the last described, in their firmness of articulation, are distinguished by their light complexion, which is often tinged with a faint, hardly perceptible blue, at their cutting edges; the incisores long, flat and thin; the superior incisores greatly overlapping the inferior. Their alveolar borders are thin, and closely adapted to the necks of the teeth. The gums are of a light pink complexion, firm in their consistency, and their apices plainly and distinctly marked.

There is another class of teeth that often demand considerable physical exertion in their removal, and their distinguishing marks are a regular arrangement, although sometimes, but rarely ever crowded; they are in shape, short and narrow, frequently of a cream complexion; the cuspidati rounded and pointed; the alveolar border marked by prominences corresponding to the fangs of the teeth, and that portion surrounding the anterior superior teeth, and are usually prominent, and exposed to view when the lip is raised in the act of smiling. A peculiar characteristic marking this class of teeth, is shown by a space intervening between the crowns of the anterior, and frequently, between the posterior teeth, increasing the thickness and consequent firm support of the transverse bony laminæ, connecting the external and internal alveolar border. The fangs of the teeth, now under consideration, frequently assume an irregular direction, and are disproportionately long. The gums, as in the last class, when not diseased, are of a firm texture, and their union with the necks of the teeth well marked, and their color a faint pink.

when attempting to extract them, than all others put together. They are frequently so brittle, that if the operator attempts to remove them with one quick elevation or turn of the instrument, he will often be sadly disappointed, by fracturing them at the neck, through the entire substance of the tooth and wholly below the decay. We have frequently pulled upon such teeth two and three times, and each time until the arm was fatigued, and have only succeeded in removing them whole, at last, by turning them first one way and then another, and gradually working them loose, as we would a broken rusty nail, from a hemlock plank.—ED. RECORDER.

A class of teeth possessing the following characteristics will be recognised by the observing dentist, as demanding much less muscular effort for their removal than those already described, but which are liable to deceive all but an accurate observer, by the length of their crown, &c. The anterior teeth are usually broad but not thin; the superior incisors overlap the inferior, the cusps on the molars are prominent, and their grinding surfaces marked by irregular fissures. The lingual surface of the incisors, also, frequently have a fissure running in the direction of the long axes of the crown. Such teeth are usually found with individuals of full ordinary stature, with prominent frontal sinusses, and the *zygomatic* process of the malar bone forming an eminence unrounded by muscle, showing that the fibrous tissue is deficient in tone. Such teeth are usually of a fair complexion, and easily acted on by corrosive agents from deficiency of earthy salts.

Teeth resembling the organs last described, in shape and arrangement, but of a darker complexion, with their alveolar plates thinner, and the gums not of as loose a texture, but firm, and their union with the teeth well marked, and the osseous eminences of the body rendered symmetrical and rounded by muscular fibre, will present great resisting force in their extraction.

The next class of teeth that I would describe, are sometimes, of an opaque chalky white, and at other times of a yellow muddy white in complexion, their surfaces irregular and rough, the palatine portion of the superior molars are frequently marked by deep indentations and high eminences on the grinding surface of all the molar teeth. Their arrangement is regular, perhaps their crowns stand out a little more obliquely than usual. Their alveolar processes describe a broader circle, and are thicker, but not dense, being very cellular. The gums are usually pale, but sometimes red and flabby. The crowns of the teeth are much larger than those of teeth of ordinary size, and it would seem that they were gained at the sacrifice of the quality of materials entering into their composition. Those teeth are extracted with a small amount of physical force, and usually possessed by individuals having prominent foreheads and thick upper lips, pale pasty complexions, with affectionate and susceptible dispositions, and often animated countenances.

The next and last class of teeth that I shall describe, and which are not held firmly in their articulation, or demand great, or even considerable effort for their removal, have a beautiful azure or pearly complexion, which are sometimes regularly arranged in their arches, but more frequently irregular to a greater or less extent, from a faulty organic development of the alveolar arches, which although thin, are very cellular in their structure. The gums surrounding such teeth are usually pale, and their edges about the necks of the teeth plainly marked when they are in a healthy state, but which are subject to vascular injection, and peculiarly susceptible to morbid impressions,

and when in an inflamed state, even if but slight unhealthy impressions be made, their functions are greatly changed, and the secretions of the mouth become much altered, acidulated and viscid. Teeth having the above marks or characteristics are usually met with in *caloric* females, and males possessing weak constitutions, with flabby muscles, pale countenances, and the white tissues greatly predominating.

A great number of subdivisions of these classes of teeth take place, and frequently one class is complicated with, or has marks which are attached to another class, but, in all such cases, sufficient diagnostic symptoms are left to direct the observing and reflective dentist to a correct conclusion.

It must be remembered that in all cases, where there is a full and unbroken dental arch, that some teeth of the same class will demand a much greater amount of muscular effort for their removal than others. When dentition is complete, and the crowns of the teeth take up an irregular position in the arch, and are so situated that one or more are sustained not only by their alveolar articulations, but by the crowns of the neighboring teeth; we have in such, a firmness of articulation that is a stranger to that class of dentition. Such may also occur in any tooth or a number of teeth where their fangs are distorted and abnormal in their conformation. An unusual firmness of one or more teeth frequently exists in the mouths of children when dentition has not been completed, which is more frequently found in the first inferior permanent molares, although sometimes in the same class of teeth in the superior jaw. When the second molar in children is about to pass through the gum, or has just cut the same, and from a want of length in the alveolar arch lies slightly oblique, its crown pressing against the posterior approximal surface of the crown of the first molar, a good deal of physical force is necessary to be applied to the instrument to remove the tooth above mentioned, although, as I have before intimated, the surrounding parts of the tooth at the age above specified, easily yield, and, comparatively, demand but a small amount of physical exertion for their removal. We also find a demand for great muscular effort in extracting the first, or second molares of either jaw or side, when their articulation is complete, and the approximal surfaces of their crowns hold each other in position by contact. Such is peculiarly the case in the inferior jaw, when the alveolar border has not lengthened sufficiently, and the *dens sapientiæ* take up a crowded position. We also find that the fangs of the first molar of either jaw, and sometimes the second molar, diverge from the neck of the tooth or its bifurcation until their extremities describe a circle twice the diameter of the socket at its orifice, and sometimes so tortuous as to encompass or grasp a large piece of the alveolus. These peculiar conformations are more frequently met with in the first permanent molares of the first four classes described, the superior molares more frequently grasping the alveolus, and the fangs of

the inferior diverging anteriorly and posteriorly, securing their articulation similar to mechanical dove-tailing.

A tooth or a set of teeth showing great firmness of articulation, may be extracted with little physical force, when its surrounding structure has changed its original character from local or general disease, or when the secreting vessels deposit carbonate and phosphate of lime in too great proportions, as in old age, and render their alveolar walls friable, and the tissues easily broken, or when the osseous and fibrous structure loses its original firmness from an enervated system, and the mineral deposit is deficient, and, at the same time, their molecular arrangement, with its fibrous base is faulty; being dependant on an unhealthy or improperly proportioned state of the circulating fluid, and thus is rendered lax and easily compressible, not possessing its original elasticity and unyielding structure.

OHIO COLLEGE OF DENTAL SURGEONS.

The lectures commence annually in this institution, 1st Monday of November, and close last of February—cost of full course about \$100.

Arrangements are in progress for a reorganization of the school, rendered necessary by the resignation of Prof. Rogers. It is expected some changes will be made very much for the benefit of the school, and which will afford to the student facilities for the acquisition of practical and theoretical knowledge, unsurpassed any where.

Of the fact that such an institution is needed at the West, we need no greater proof than that afforded at the last session, (notwithstanding the resignation of Prof. Cook, only two days before the lectures commenced,) yet some eight or nine students stepped forward for a regular course, and by the 20th, the time for closing our matriculation book, some five or six more had made known their intention to spend the winter with us. Owing, however, to Prof. Cook's prolonged illness at that time, our class was rendered much smaller than it would otherwise have been. At present some twelve to fifteen applications stand ready for next session. We assure these and all others, that we shall be far better prepared next winter to receive and do justice to a large class than we have ever been. Two or three years is necessary to complete an organization of this kind, and make such arrangements as it regards mode of instruction, in the Laboratory, in the Infirmary, and arrangement of Lectures, as may be most advantageous to the student.

We hope, before the issuing of the next number of the Register, to present such an organization as shall secure to this school a liberal support from the Profession, and place it on such a permanent footing as shall command the approval of the intelligent of all professions.—DENTAL REGISTER.

RECORDS OF PRACTICE.

Importance of preserving the temporary and permanent Molares, with cases.

CASE 1ST. Master G. ten years of age, has been constantly under the care of a popular Dentist in this city, visiting him at least once and often twice a year since his teeth began to decay. No effort was made, on the part of the dentist, to arrest the caries in the temporary teeth, and as they decayed and pained him, one after another was extracted. The anterior permanent molares were neglected in the same way, and the mother was not even told that they were a part of his second set. When I first saw the patient, these four molares were all badly decayed; two of them were so far gone that the nerves were exposed, and I immediately extracted them. The second temporary molaris on one side of the upper jaw, had been extracted some time before the adjoining permanent molaris made its appearance, which caused the permanent one to come through the gum about half its size too far forward, leaving a very narrow space to be occupied by the second or posterior bicuspid. The same was the case with the lower molaris of the opposite side, and as these were the two permanent molares least decayed, and as the adjoining bicuspid showed no signs of coming, I determined to let them remain for the present, until the gum gives some indication of the growth of the bicuspid; for it is not improbable that the early extraction of the molares, may have destroyed the germ of the bicuspid. I accordingly filled them with tin foil, in such a manner as to stop the further progress of the caries, until the question of the eruption of the bicuspid shall be decided. If they do not show themselves, by a swelling of the gum, within a year or so, it is my intention to put a solid gold filling into the molares so as to preserve them for life.

CASE 2ND. Miss M. about ten years of age, called, and on examining her teeth, I found that her dentist had extracted three of the four anterior and permanent molares, and the fourth, which was badly decayed, he had plugged with tin foil. As this tooth was the only one of its class remaining, and would therefore destroy the symmetry of the jaws when the remaining molares came in, and interfere with the regular articulation of the teeth with those of the opposite jaw, and as this young Misses' teeth were in a crowded state, and predisposed to early decay, I advised the immediate extraction of this tooth.

(If the dentist thought it advisable to preserve this tooth, I could see no good reason why he should not have filled it at once with gold, in the most permanent manner.)

CASE 3RD. Mr. B. who has now arrived at the age of manhood, informs me that his first set of teeth decayed early, and that after suffering with the tooth-ache until he could bear it no longer, he reluctantly submitted to have one after another extracted. His jaws are

much deformed, and on looking into his mouth, I found his teeth in the following condition.

On the left side of the superior jaw, the anterior molaris had been extracted, and there was but one bicuspid, while on the same side in the inferior jaw, the first molar tooth was the full size of the bicuspid too far forward, owing probably to the too early extraction of the temporary molaris, the canine tooth and the anterior bicuspid were much too prominent, being crowded forward by the posterior bicuspid, which had forced its way through the gum considerably within the circle. This crowded condition of the teeth causes the lower jaw to project full half an inch in a lateral direction beyond the circle of the upper teeth. On the right side, the teeth are in a somewhat similar condition, except that here the case is reversed, the upper jaw having the full compliment of teeth, while the lower one is deficient by the loss of the anterior molaris. This causes what is sometimes called a "cross bite", which makes his deformity still more apparent; for the incisors, a little to the right of the centre of the mouth, where they meet and cross each other, are much worn by attrition, so as to form quite a notch in the teeth of each jaw. When I first saw this patient, before looking into his mouth, I supposed that he had a bad swelling from a decayed and ulcerating tooth on the left side of the lower jaw.

This condition of the teeth, I have no doubt is entirely owing to want of proper attention, previous to and during the stage of second dentition.

REMARKS UPON THE ABOVE CASES.

When called upon to treat the teeth of young children during the period of second dentition, the Dental Surgeon should look beyond the present, his only aim should be to ensure a good set of teeth to his patient, which may, with proper care, last through a long life. With this end in view, his first object should be to preserve the temporary teeth in the jaw, as long as possible.

There are many parents who employ the dentist to treat their children's teeth, who value neither time nor money to accomplish this desirable end. With such, no pains should be spared in filling the teeth with gold, in the best possible manner. For others, who cannot afford to pay for the best operations, tin foil, gutta percha, gum mastic, and even plaster of paris may be used, anything in short which will not injure the teeth, and will temporarily arrest their decay.*

If the decay has progressed so far that the pulp of the tooth has been reached, and the tooth gives pain to the little patient, I think the

* Dr. Ware has recently showed me several teeth, which I have now in my possession, that he filled some years since, while firm in the mouth, with mineral paste. The roots of these teeth were afterwards absorbed in the same healthy manner as tho' they had never been decayed or filled, and in due time their crowns were absorbed and new healthy teeth took their places.

best practice is to destroy the pulp,* and fill the cavity with some soft filling, or with gold, without packing it very solid, for my experience has taught me, that a dead tooth is less likely to cause irritation and inflammation in the jaw when filled, than when left open.

Even when the tooth is in an inflamed condition, unless the pain is so great (after all proper treatment to allay the inflammation has failed,) as to make the necessity for extraction imperative, I prefer to let the tooth remain, for we often see healthy permanent teeth grow up on the ruins of decayed and ulcerated temporary ones; but so sure as the temporary tooth is removed long before the permanent one is ready to make its appearance to take its place, the adjoining teeth approximate, the space partially closes, and the tooth for the want of room, is prevented from taking its proper position in the dental arch.

If the temporary tooth, extracted, happens to be the posterior molaris, (and the molares are oftener painful than any others,) previous to the cutting of the first permanent one, this tooth will come through the gum earlier in consequence, and considerably further forward, often taking half the space which was before occupied by the temporary tooth, as in the first case which I have cited. This of course abridges the space necessary for the new teeth which are to fill the places of those of the first set in each jaw, and they are consequently crowded and irregular. I think this early extraction of the temporary molares is a more frequent cause of displaced eye teeth, (tusks,) than any other.

If, however, in spite of all our efforts to the contrary, we are obliged to extract the temporary molares, our next care should be the preservation of the anterior permanent ones. These teeth situated in the middle of the jaw, stand firmer than any other teeth, which is an indication that nature intended them to perform the most laborious part of the mastication of our food, and if so, they are of more importance and value than any of the grinding teeth. They frequently begin early to decay, and on this account require constant watching, and as they take their place in the jaw while the child is so young as to require but little, if any attention from the dentist, it should be enjoined upon the parent to watch them, lest the decay make fatal progress before it is discovered by the dentist.

When, from the above cause, the permanent molares have grown too far forward and there is not room for all the other teeth, it is better, if necessary, to extract the posterior bicuspid on each side, just

* For this purpose mauger all that has been said upon the subject, I use the following:—

R. Narcotin, grs. ii.
 Tannin, grs. iii.
 Arsenic, gr. i.

Ground finely together and applied in as small quantity as possible, on a small pledget of cotton previously saturated with creosote. The cares should be previously removed, so that the application can be made directly on to the nerve. In this way it is not necessary to use more than from the 175th. to the 150th. part of a grain of arsenic.

previous to the cutting of the eye tooth, which is usually the last to make its appearance, than to allow the molares to decay and afterwards extract them. The caries on the molares, when it attacks them so soon after their eruption, is generally confined to their grinding surfaces, and to the slight indentation on the labial side, situations in which it is easier arrested than in any other part. However extensive it may be on the grinding surfaces, so long as the edges of the cavity remain strong enough to resist mastication, without breaking away, there is no difficulty in permanently arresting it by a good filling.

If it becomes necessary to extract any of the teeth to prevent irregularity, as a general rule, the same teeth should be removed from each side of the mouth. Thus, if the right bicuspid, or molaris, is removed, the corresponding teeth should be taken from the left side, otherwise the whole of the incisors, will after a year or two, be found inclining towards the side from which the teeth have been taken out. So if the teeth are removed from the superior jaw, unless there is great disparity in size between the two jaws, the upper being much the larger, the two corresponding teeth should be extracted from the lower jaw, to prevent the incisors from meeting when the circle of the teeth in the upper jaw has contracted, as it surely will, in consequence of the loss of the teeth which have been removed.

No definite rule can be laid down which will suit all cases of this kind, much must depend upon the judgment and experience of the operator; but if the above general principles had been practised upon, it is believed that neither of the three cases above narrated would ever have existed

A.

HILL'S SOFT FILLING.

We have received a bottle of the above article from the agent of the manufacturers; but as yet have not had an opportunity of testing its qualities. In our next we shall have something to say upon the subject. What is the opinion entertained of this article by those who have been looking forward so long with a "prophetic hope" that something would be discovered to supercede the use of amalgam? We have received letters making enquiries about this article, and asking what others think of this new filling. What is the opinion of Parmly, Harris and Foster? Will the American Society of Dental Surgeons issue a protest against it? Has Dr. Hill patented it, and does he intend to get the Connecticut Legislature to give him a vote of thanks for discovering it? These are important questions, which must be answered.—ED. RECORDER.

NEW YORK DENTAL RECORDER.

JUNE 1, 1848.

THE AMERICAN SOCIETY OF DENTAL SURGEONS AND

THE DENTAL REGISTER OF THE WEST.

WE have already alluded to our spirited cotemporary the Dental Register of the West. Since the publication of our last, the April No. has come to hand, and among several excellent articles, we noticed particularly the "*COMMENTS on the actions of the American Society of Dental Surgeons, by B. B. BROWN, M.D., D.S., St Louis Editor.*" The previous number of the register also contained an article reviewing the proceedings of the American Society for 1847, written by its Cincinnati Editor, Dr. James Taylor. Both of these gentlemen were members of the American Society, and both refused to sign the odious protest against Amalgam which the Society ordered in 1845. The St. Louis Editor, for this cause, was at the last meeting of the Society. formally expelled; and the case of the latter, with several others, was laid over for another year.

Neither of these gentlemen, although now very indignant at the action of the Society, cared enough about the subject last summer or the summer before to attend the annual meetings — had they been present, they might have had an opportunity of "vindicating themselves in person", while their votes would have "preserved the Society from the worse than Vandalism which characterized its proceedings." Had they been present. they would have known better than to accuse any of those members, who have from the commencement opposed this bigoted and contemptable crusade, against the freedom of opinion and of action guaranteed to the members of the American Society by its own constitution, of "halting and wincing," or of "sacrificing their principles as previously expressed by themselves," or "their self-respect by succumbing to the imperious action of that small and factious majority then present."

We do not accuse either of the Editors of the Dental Register, of intentionally misrepresenting the course of any members. As they were not present, their only means of knowledge upon the subject must have been derived from hearsay, by no means the best authority; or from the imperfect, and in some respects, erroneous report of the secretary published in the Journal of the Society.

The only members of the Society whom the Dental Register can refer to, as compromising their principles to retain their membership, were Dr. B. Lord, of this City, and the Editor of the Dental Recorder, and if the Secretary of the Society had seen fit to publish the "pledges" of these gentlemen, as he surely should have done, it would have been known that they are still as strongly opposed to the protest

of the Society as they ever were, or as the St. Louis Editor himself now is—in fact that they have never signed that protest, and never intend to, any more than Dr. B. B. Brown, or Dr. J. Taylor.

We are unwilling to occupy the pages of the Recorder with personal matters of our own, but, as in this case another stands accused with us of “sacrificing his principles”, and as it is an act of justice which we would not refuse to him, we are disposed to lay our own case before the Profession that all may judge of the “halting and wincing” for themselves.

In 1845, we were reported by the inquisitorial committee, appointed to enquire into the practice of members, as being among the amalgam dentists. We opposed the action of the society, upon this subject, at that meeting, as a violation of professional privilege, unjustifiable and undignified on the part of the society; and it was not until we were persuaded, by several of our professional friends, to compromise the matter by relinquishing the use of amalgam, that the action of the society to prevent its great abuse throughout the country, might be unanimous, that we consented, on the eve of the last day of the session, to do so. As we were prevented by professional engagements from attending the meeting on the last day, the following letter was sent to the President and read before the Society.

Mr. President and Members of the American Society of Dental Surgeons.

When first I learned that this society had decided that, for the purpose of suppressing malpractice in dentistry, each and every one of its members should pledge himself by his signature not to use the silver amalgam *in any case whatever*. I did not see how I could conscientiously comply with its requisitions, for the following reasons:

1st. I considered it an unwise and arbitrary measure for this society, first to pass a resolution that a certain course of practice, which many of its members were pursuing, was *malpractice*, and then to discipline those members without *proving* that injury had been done to their patients by such practice.

2d. From circumstances which had come to my knowledge, it appeared to me like espousing the quarrels of some members of this society, who had to contend with rivals who were in the practice of using that proscribed article which, if true, I considered incompatible with the high and dignified stand that I wished this society to take.

3d. I could not but consider it as an attack upon the practice of many members of this society, who were honestly using the amalgam for the benefit of their patients.

4th. I doubted whether it would produce the desired effect—that of suppressing quackery and imposture; and feared that the many educated and honest dentists, not members of this society, who are daily using the mercury and silver would plead to their patients, and at the bar of public opinion, which I have always thought was in favor of the amalgam, that the society of dentists was proscribing and persecuting them because they would not become members and submit to be dictated to by the society.

5th. I had myself used the article (Amalgam) occasionally, for more than eight years, never from choice, but only when I could not use either gold or tin, without great danger of splitting the tooth, and in all of these cases, I had used it experimentally, watching the effects of the operation with great care, and I can truly say, that I have never seen any bad effects resulting from its use, which I have not seen from the use of both gold and tin; but, that, in many cases, it has preserved the teeth, strengthening and making them useful organs of mastication for many years.

Entertaining these views I felt exceedingly unwilling to abandon the use of the amalgam, but as many of the members of this society who have used the article more than I have, and for whose opinion I have the highest regard, have decided to use it no more, and as I do not wish to impose the slightest obstacle to the success, union and harmony of the society, I cheerfully consent to do the same, hoping that all the members will see the importance of making mutual concession if they would be a happy, useful and prosperous society.

[SIGNED.] C. C. ALLEN.

After this letter was received by the society, the resolutions ordering the protest were past, and the first intimation which we had of these proceedings, was the receipt of the blank protest, sent by the Secretary for our signature, from which we instinctively revolted. Soon after this, we gave our views in opposition to the whole proceeding in the American Journal. Through the session of the society held in 1846, we continued with the minority against the arbitrary mandate of the society, but neither of the Editors of the Dental Register were there to assist us. It was at this meeting that the Vandals overrun and trampled down the 6th article of the constitution, the injustice and folly of which has been exposed by the Cincinnati Editor.

Here then the matter rested until the meeting of the society in 1847, when owing to the absence of the luke-warm and the presence of a few dough faces, the Vandals again had it all their own way, by a majority of one. After resolving that they would not expel any member who was not in the practice of *using* or *recommending* the use of amalgam for filling teeth, those present who had not signed the protest were called upon to state whether they used the article or not. As Dr. Lord and myself had abandoned the use of amalgam in our practice two years before, there seemed no good reason why we should not now say so to the society. To have refused would have looked like a foolish desire for martyrdom on our part. We therefore offered to furnish the society with a copy of the "pledge", as the secretary calls it, which we had given it two years before, and which the secretary informed us he had not then in his possession. The following was therefore handed in without the words printed in italics.

Saratoga Springs, August 5th, 1847.

Two years since I felt exceedingly unwilling to abandon the use of amalgam, but as many of the members of this society who have used this article more than I have, and for whose opinion I had the highest regard, then decided to use it no more, *nor to encourage its use*, and as I did not wish to impose the slightest obstacle to the success, union and harmony of this society, I cheerfully consented to do the same, hoping that all the members would feel the importance of making mutual concession, if they would be a happy, useful and prosperous society. [SIGNED] CHAS. C. ALLEN.

This the secretary says was not accepted, but "Dr. Allen was requested to draft one in accordance with the said resolution".* We accordingly added the following, "That concession I consider binding upon me so long as I remain a member," and handed it in as our ultimatum. The pledge of Dr. Lord was similar in phraseology to our

* The resolution here referred to, is the one in which the society resolves not to expel any who are not in the practise of using amalgam, &c. The resolution as printed in the report of proceedings is perfect nonsense. The society resolved not to expel, &c.—but the resolution as printed, reads that the society "resolved that your committee (whose committee is the society resolving about?) will not recommend the expulsion &c." It will be seen that the above pledge with the exception of the Italics, and the clause afterwards added, is the same which was sent to the society two years before. Here then is the head and front of our halting and wincing sacrificing principles, &c.

own. We had previously intimated to Dr. Keep, that if he tendered his resignation, we should do the same; but as we had enlisted for the war and wished to fight it through, and assist in decently burying the dead, we did not tender our resignation until some time after the termination of the session. It is now in the hands of the secretary, and here ends our connection with the American Society of Dental Surgeons.

GUN COTTON ADHESIVE PLASTER.

The Boston surgeons have got a new *notion*, which is nothing more or less, than a new method of uniting wounds by first intention, which is said to be superior to any sticking plaster that has heretofore been used. It is prepared by dissolving Professor Schonbien's gun cotton in sulph. ether, which produces a brilliant varnish. This varnish is so very adhesive and strong when applied to the cuticle, that for simple incised wounds, it is simply necessary to bring the incised parts into contact, and after the bleeding has ceased and the skin thoroughly dried, give the part a coating of the varnish by means of a camel's hair pencil. After waiting ten or twenty seconds, for the ether to evaporate, the varnish may be again applied, letting it extend a short distance each side of the wound to give it greater firmness. For slight wounds two or three coats of the varnish is all that is required. If the edges of the wound are inclined to gape and require any considerable force to maintain them in juxtaposition, a strip of linen may be coated at one end and stuck to one side of the wound, after which the strip may be carried over the wound, bringing the parts firmly together, and the other end secured on the opposite side in the same manner. After a sufficient number of strips have been applied to cover the surface of the wound, the whole may be covered with the varnish — which renders it impervious to air or moisture, and forms a firm and equal support to the whole wound.

Mr. S. L. Bigelow, a student of medicine, claims the original application of the gun cotton varnish to surgical cases, although his claim, as we see by the Boston Medical and Surgical Journal, is contested by Mr. J. P. Maynard, a fellow student. Mr. Bigelow gives the following account of the discovery. "While engaged in employing it in this way, (as a varnish,) I accidentally smeared with it a fresh wound on my finger. The smarting called my attention to it and I endeavoured immediately to rub it off. It had dried, however, instantaneously and remained on. The smarting very soon ceased, and when the film was removed, perfect union had taken place."

Mr. Bigelow enumerates the following among the superior advantages derived from the use of this new adhesive fluid.

1st. By its powerful contraction, upon evaporation, it places the edges of an incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—

unites them by equal pressure throughout the whole extent of the wound, and maintains them immovably fixed.

2d. It preserves the wound perfectly from contact with the air—being impermeable to the atmosphere, while its adhesion to the skin is so intimate as to preclude the possibility of the air entering beneath its edges.

3d. The substance remaining in contact with the skin and wound after the evaporation of the ether, seems to be entirely inert so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

4th. It does away with the necessity for sutures in incised wounds of almost any extent.

5th. It is sure to remain in intimate contact with the skin until union is complete—and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed without regard to the wound or dressing.

6th. It is colorless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

7th. No heat is necessary for its application, and the presence of any moderate degree of cold is only objectionable in retarding the evaporation of the ether.

8th. It may be made at a trifling cost—an ounce phial, intrinsically worth little, being sufficient for a great number of dressings.

The following extract from the *American Journal of Medical Sciences*, shows the wonderful tenacity with which this new material adheres to the cuticle.

"A strap of sheep-skin, glued to the hand by a thin layer of the solution, nine lines long and one and a half wide, sustained a weight of two pounds. A second strap attached to the hand by a layer of the substance, nine lines in length and three in width, sustained a weight of three pounds. A third strap fixed to the hand by a layer of the liquid, twelve lines square, resisted the force of ten pounds without giving way; and a fourth strap of the leather, glued to the hand by a stratum of the solution, measuring one and three-fourths of an inch in length and one in width, was not separated from its attachment by the gravity of twenty pounds! These statements may appear incredible; but they are founded on exact and carefully-performed experiments, and are true. No other known gum possesses such adhesive power as these experiments show this cotton gum to be endowed with. No adhesive plaster hitherto used in surgery is to be compared to it in this respect. It therefore can be made use of in cases in which the common adhesive plaster would be useless.

"The wonderful adhesive properties which my experiments prove it to possess, suggested the thought that it might answer the purpose of sutures in surgery. And an opportunity soon occurred to enable me to decide the fact that it would. I allude to the operation performed by Dr. Whitney, for the removal of a wen from the head. Fearing that an erysipelatous inflammation might arise in the scalp, in case he united the divided parts by sutures, Dr. W. shaved the hair from the raised scalp, and by means of the cotton solution he glued some short and narrow straps of sheep-skin on each flap, a short distance from their edge. These straps were then drawn towards each other until the edges of the wound were brought into close and exact union, and the free ends of the strap were fastened together by sutures. In this case the needle and thread were passed through inanimate leather instead of living flesh, causing no pain to the patient and no interruption to the process of healing. The wound healed favorably, and without the usual accidents necessarily occasioned by the presence of sutures in, and the operations for their removal from the parts. The happy result of this case convinced me that a means was now discovered which would enable the surgeon to do away with sutures, pins and needles, in most of the cases in which these are at present considered indispensable."

This new material is an excellent article for the use of the dentist, engaged as he is in various mechanical pursuits it often happens that he inflicts slight wounds upon his fingers, which, owing to constant exposure to moisture, and the viciated secretions of the mouth* while

* We know of a case where a dentist was supposed to be inoculated in a slight wound on one of his fingers, by the poisonous secretions of the mouth; in consequence of which, he lost the use of his arm for several months and did not recover it entirely for several years. The disease first manifested itself in the absorbent vessels, the glands of which in the axillæ became very much swollen and inflamed.

operating, often become irritable and exceedingly troublesome to himself as well as disagreeable to the patient. By giving them a coating of gun cotton varnish, which renders them impervious to moisture, the hands may be washed as often as necessary, and no danger of removing the coating, as when court-plaster or any of the common adhesive compounds are used.

GUTTA PERCHA.

This article bids fair to be as useful in the arts as caoutchouc has been. It has already been extensively used for soles of shoes, and is generally preferred to rubber on account of its superior firmness and solidity. It is an excellent material for bands for the Dentist's lathe, the ends may be cemented together which causes it to run perfectly; still; neither is it effected in the least by the dryness or dampness of the atmosphere, as those are which are constructed of animal substances. It is also used for taking impressions of the mouth instead of wax, and when it is desirable to have the perfect form of the teeth, it may be superior to wax — as in removing it, the slight elasticity which it possesses, preserves the form of the neck of the tooth; but as a common material to be used for this purpose, we think it inferior to good wax. The degree of heat necessary to make it sufficiently plastic, is too great to be borne in the mouth by many persons.

A solution of this article in Chloroform, forms a useful cement to place between the artificial crown and root of a tooth when about to insert it on a pivot. It also answers for uniting wounds by first intention, and may be used in the same way as the gun cotton varnish.

Gutta Percha has also been considerably used for filling carious teeth, as a substitute for amalgam and other cements. We have tried it in various ways, but time is required to test its virtues. The Dentists who have most distinguished themselves for their opposition to amalgam, are unwilling yet to recommend it for this purpose. We shall have more to say upon it hereafter.

MURPHEY'S WAX HOLDERS.

Mr. Murphey has got up a new and beautiful article for holding the wax while taking impressions of the mouth, for artificial teeth. They are struck up with a die from one piece of metal, and galvanized with silver. A much neater article than the common tin one. For sale at No. 557 Broadway.

ERRATA.

At the close of Records of Practice in No. 8, it will be seen that a part of the last paragraph, beginning with "but the active inflammation, &c.," was intended for the end of the article on Diseased Antrum, and also, that there should been a period after the word "followed," on the fifth line from the bottom of the page.

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF
SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol. II.

JULY 1, 1848.

No 10.

BAKER'S REPLY TO PARMLY.

To the Editor of the Dental Recorder :

SIR:—I have but very little to say as regards Dr. Parmly's reply in the last No. It evidently shows the last spasms are approaching, yet he is determined to have the last word, if possible.

The readers of the Recorder are in possession of the *facts* in relation to my being the proper and accredited chairman of the meeting in question.

You have explained the whole to the satisfaction probably of every one, Dr. P. excepted. The readers of the Recorder must have had enough of this, even *ad mauseum*. I therefore submit to their judgment.

The same may be said in the case of Mr. F. H. Clark. By the letter of Dr. P. himself, it is proved that he was guilty of threatening Mr. C. evidently for the base and unmanly purpose of intimidating him, but like the scuttle fish* he attempts to divert the minds of his readers to the *manner*† in which Mr. C.

* A genus of mollusca called Sepia. They have a number of small arms, by which they lay fast hold of any thing. They have a little bladder under the throat. (near the liver,) from which when pursued, they throw out a black liquor which darkens the water, by which means they escape.

† Even Dr. P.'s *fidus Achates*, Dr. Westcott says, 'the men (including Mr. Clark,) were expelled for non payment of dues.' These two *gentlemen, par nobile fratrum*, alike regardless of truth and fairness in this amalgam persecution although very differently gifted, yet possessing in common the same prejudices, the same ignorance, the same disregard of the duties of constituted bodies of men, or the rights of members individually, have been the foremost, if not the only instigators of the unconstitutional, tyrannical and absurd actions of a small minority, as a whole of the society to which they belong.

There is a remarkable resemblance between this small minority and what was called the Rump Parliament, towards the close of the reign of Charles I. The history of each forms one of those useful parallels, where, with truth unerring as mathematical demon-

left the society, which is a matter of no importance whatever. The *insult* is the thing.

Dr. P. says that my charge of his promising to get *certificates* of Mr. Ames' physicians concerning his case, "is also wickedly untrue and unjust." Let us see. He, in his newspaper appeal to the public (dated from head-quarters, No. 1 Bond Street, June 7th, 1847,) says, "I did not intend to say any thing further until I received a statement of Mr. Ames' case from his physicians." This is *one* say of Dr. P.'s, now for *another*, in his last reply. "I said I have written to a professional friend of Mr. Ames, for a full statement of the case, and *if* I obtain it I will lay it before the public." Dr. Bemis informed me that he had never received such a letter." Dr. Bemis then, is the professional friend of Mr. Ames, to whom Dr. P. wrote, and, (now mark the quibbling,) because he did not get a statement in *writing*, he remains mum. But sir, Did not Dr. P. go *personally* to Springfield to see Dr. Bemis, even twice, to get statements? Dr. Bemis no doubt gave him a true statement of Mr. Ames' case. But it was not such an one as suited Dr. P.'s purpose at all. What Dr. Bemis' opinion was may be seen by his statement to Dr. Houston (*vide* his report,) wherein he scouts the idea that Mr. Ames could have been injured by amalgam, likewise to the letter of Dr. Bemis to Dr. Charles A. Lee of New York, to be found in the New York Journal of Medicine, of November last, where he expressly says, "In my opinion no defi-

stration, we discover the identity of the human character, when blinded by ignorance, passion and bigotry, where similarity of situation and where certain principles, producing similar personages and similar events, finally settle in the same results. It was during what was called 'the long Parliament' that a portion of it called the 'Rump' forcibly expelled two hundred of their brother members. The 'Rump' was called 'Pride's purge,' from the activity of a colonel of that name, a military member who was only the blind and brutal instrument of the party; for when he stood at the door of the house of commons, holding a paper with the names of the members, he did not personally know one! And his purge might have operated to produce a quite opposite effect, administered by his own unskillful hand, had not Lord Grey of Groley, and the door-keeper—worthy dispensers of a British Senate—pointed out the obnoxious members, on whom our colonel laid his hand, and sent off by his men to be detained, if a *bold* member, or to be deterred from sitting in the house if a *frightened* one. What a remarkable coincidence! About eight members of the society were by a *hocus pocus* disfranchised, while, in the mean time, our modern dental 'Rump' altered the constitution to suit their purposes, which otherwise they could not have accomplished, and afterwards re-admitted those very members whom they had before declared to have forfeited their seats—the careless or '*frightened*' members of the society did not attend its meetings, hence those enormities were perpetrated.) This Colonel we are speaking of, had been a drayman, and the contemptible knot of commons reduced to fifty or sixty confederates, which assembled after his purge, were called Pride's drayhorses! Of the A. S. of D. S., there remains a Lord, a Col. Pride and their drayhorses. The English 'Rump' voted the death of their sovereign and abolished the regal office and the house of peers as unnecessary, burdensome and *dangerous*—the American Dental 'Rump' vote amalgam 'to be not only unfit but *dangerous*' in any case, and expel both active and *honorary* members of the first skill and talent, both in this country and in Europe!!!

nite facts can be elucidated in his case, having a *decided bearing* upon the subject of mercurial amalgam."

Dr. P. after alluding to the eight distinguished gentlemen, (the immortal eight,) hopes to convince the readers of the *Recorder* that he has obtained a considerable accession of strength in his favor by a crumb of comfort contained in a letter from his confrere Dr. Harris, who states that Dr. Holmes of Boston, the chairman on medical literature, in his report has decided the 'amalgam controversy,' by giving you (Dr. P.) the victory, saying that 'amalgam has nothing to stand on.' We shall see. If Dr. Holmes has made an *exparte* report on such authority as Dr. Harris or any of the 'Rump,' I will venture to say he has been hazarding an opinion on a subject about which experimentally he knows nothing, and I would remind him of the fate of those rash Israelites who ventured to stretch forth their sacrilegious hands to steady the ark of the Lord, not being divinely appointed.

Amalgam is in the hands of those who know how and when to use it, and all the verdicts of packed juries, cliques, 'Rumps,' or *exparte* medical reporters 'will pass by as the idle wind.'

Dr. Franklin's saying is a good one—viz. 'let every man mind his own business.'

I will conclude by saying it does not become Dr. P. to say any thing about personal abuse, and I will leave those to judge who have witnessed his course from first to last.

E. BAKER.

SOLUTION OF GUTTA PERCHA, A NEW PREPARATION FOR DENTISTS.

BY G. F. J. COLBURN.

While experimenting last winter, with the substance called Gutta Percha, in order to test its value for dental purposes, I *discovered* that it could be dissolved in Chloroform. producing a solution that would become solid by a few minutes exposure to the atmosphere, possessing adhesive properties which were increased by the addition of Spirits of Turpentine.

In using this solution for a variety of purposes, it proved a valuable cement for uniting Plaster of Paris, crockery, wood, &c., in fact any porous substance. It cemented a broken plaster cast so firmly in a few minutes, that it was impossible to separate the parts, also an emery wheel, which answered as well for use as before it was broken. About the same time, having a case of pivoting, where the nerve cavity had become much enlarged, the idea presented itself of applying this solution to the cavity, to test its utility for retaining and pro-

tecting the pivot. In using it I coated the pivot and surface of the root, in order that when the teeth were inserted, there might remain a portion of the solution between the crown and the fang, which being impermeable and not affected, would protect them from the secretions of the mouth. A few days since I examined the teeth set in this manner, and although two months have elapsed, they continue firm and comfortable.

As it is absolutely essential to promote the durability of the operation that all the secretions of the mouth should be excluded from the junction of the crown and root, this solution for this purpose must prove of great value to the dentist, as teeth protected by it must endure much longer than those set in the usual way.

Sometime since in a conversation with an eminent dentist, he suggested that this preparation might be used with advantage in cavities, in which it was difficult making metals adhere, on account of their peculiar shape or situation, by coating them with this solution, its adhesive tenacity might assist in retaining the filling in its place.—Acting upon this suggestion I have used it in a number of cases, and found that both gold and tin adhered with much greater firmness than would otherwise have been the case.

I found also, that this solution drying rapidly by the evaporation of the solvents, answered an admirable purpose for checking the flow of blood about the gums, and a coating for small punctures or incisions. Allowing the wound to be washed without disturbing the dressing—This solution may be advantageously applied for various purposes independent of dental practice. But conceiving it of especial value to the profession, I would respectfully offer it for their consideration :

DIRECTIONS FOR DISSOLVING AND USING.

Cut the Gutta in small pieces, which place in a bottle, to which add four parts of Chloroform to one of Spirits of Turpentine, in quantity sufficient to cover the gum. When dissolved, if the solution is not thin enough, add more of the solvent or expose the bottle to the fire.

In using it, apply with a pencil brush.

For cementing, coat the parts to be united, and immediately join them and expose to the air for several minutes. For checking hemorrhage, wipe the wound dry, and make instant application of the fluid which repeat if necessary.

Bottles containing this preparation, should be kept tightly corked, and shook before using.

Newark, N. J., June 3, 1848.

Mr. Colburn claims to be the discoverer of a solvent for Gutta Percha, and so far as we are informed is entitled to that credit. As his preparation promises to be a convenient and useful article for the den-

tist, we deem it but justice to Mr. Colburn to state that as early as last February, soon after this new article was introduced into the arts, he instituted a series of experiments with it, in the course of which after testing it with various powerful solvents, he at length discovered that it was completely soluble in Chloroform.

Mr. Colburn informs us that he has used it ever since with great success, for the various purposes enumerated in the above communication. We have found it a very convenient cement for broken plaster casts, when needed, also for cementing pivot teeth when the root is in such a condition that the caries cannot be entirely removed by the file; but if the fang is sound at the edges of the gum, the dentist should fit the artificial crown so perfectly that any cement would be superfluous. Cement in cases of this kind, like putty in the hands of the carpenter, is a very convenient article for concealing imperfections in the workmanship, which should never have existed. In both cases we prefer good joints and no putty or cement.—ED. RECORDER.

[From the Western Lancet.]

DEATH FROM INHALATION OF CHLOROFORM.

Report of the principal facts connected with a fatal case of Chloroform Inhalation, which occurred in Cincinnati, on the 23rd of February, 1848.

GENERAL HISTORY.

The subject of the following report, Martha G. Simmons, was at the time of her decease, thirty-five years and ten months old. Her husband states that she generally enjoyed excellent health; sometimes she was "nervous," and suffered occasionally with neuralgic pains about the face, and pain in the ear, apparently arising from decayed teeth. She also suffered at times from "sick head-ache." She was the mother of six children, five of whom are still living; her last accouchement occurred eight weeks previous to her death. Nothing unusual occurred, either at the time of parturition or subsequently; her health remained good, and the ordinary quantity of milk was secreted.

On the 23d of February, she dined at a quarter past 12 o'clock, and after dinner walked to a dentist's, a distance of about three-fourths of a mile, for the purpose of having some roots of teeth extracted. She arrived at the dentist's 15 minutes before three o'clock, appeared slightly flushed from the exercise of walking, but exhibited no alarm on account of inhaling the chloroform.

At 3 o'clock, 15 minutes after arrival, Mrs. S. commenced inhaling chloroform. Mrs. Pearson and Mrs. Cross, two female friends, were present, and report the following as the events which occurred: The respiratory movements appeared to be free—chest heaving. While inhaling, *the face became pale.* At the expiration of about *one min-*

ute, the instruments were applied, and four roots of teeth extracted. The patient groaned, and manifested what they regarded as evidences of pain, while the teeth were being extracted, although she did not speak, or exhibit any other sign of consciousness. As the last root came out—which was about two minutes from the beginning of the inhalation—patient's head turned to one side, arms became slightly rigid, body drawn somewhat backwards, with a tendency to slide from the operating chair. At this instant, Mrs. Pearson states that she placed her finger upon the patient's pulse, observed that it was feeble and immediately ceased to beat; respiration also ceased *about* the same time. The face, which was previously pale, now became livid, as also did the finger nails; the lower jaw dropped, and the tongue projected a little at one corner of the mouth, and the arms were perfectly relaxed. The females regarded her as being then quite dead. Efforts were made to resuscitate the patient—ammonia was applied to the nostrils, cold water dashed in the face, mustard, brandy, &c., applied. The patient was now removed from the operating chair, and laid on a sofa; but she did not breathe, or exhibit any sign of life, after being placed in the recumbent position.

Statement of the Dentists.—Messrs. Meredith and Sexton, the dentists who operated in the above case, make the following statement: The patient took the Chloroform vapor from Morton's inhaler; it contained a sponge (perhaps one-third filling the glass globe of $4\frac{1}{2}$ inches diameter) saturated with the liquid; to this 25 drops more were added when the patient began inhaling. Breathing at first slow; inhaled 12 or fifteen times, occupying from a minute to 75 seconds. One of the dentists thinks she remained about *ten* minutes in the operating chair, and that life was not extinct until the end of that time; the other estimates the time at *five* minutes. One says he does not know whether she breathed after being laid on the sofa or not; the other thinks she did not.

The only material difference between the statement of the females and the dentists, relates to the length of time which elapsed from the beginning of the inhalation, to the instant of death. The females estimate it at about two minutes; the dentists at from five to ten minutes. It is clear, however, that the patient could not have been laid on the sofa short of five or ten minutes; for one of the dentists went out to a neighboring establishment twice to procure resuscitating agents, before the patient was removed from the chair, which probably occupied the time specified. But whether the patient continued to breathe during those five or ten minutes, or whether the pulse and respiration ceased at the end of two minutes, when the last tooth was extracted, as supposed by Mrs. Pearson, seems impossible positively to decide. The most that can be said is, that she died within a very short time—not exceeding *ten*, and possibly at the end of *two* minutes.

Medical Aid.—After the patient was laid on the sofa, medical aid

was sought, and Dr. A. H. Baker was the first physician who arrived ; this was probably thirty minutes after respiration had ceased. He immediately pronounced her dead, but proceeded to employ vigorous measures for resuscitation. The principal means employed consisted in artificial respiration, electro magnetism, and external stimulants. Prof. Locke applied electro magnetism, which caused active muscular contraction, but no evident effect on the heart. About an hour after the accident, Professors Mussey and Lawson arrived, and aided in the further employment of the means above specified. Not the slightest sign of life was manifested after the arrival of Dr. Baker ; the heart did not respond to the electricity, and the only change produced was some slight removal of the lividity of the countenance by the artificial respiration.

POST MORTEM EXAMINATION.

The post mortem examination was made twenty-six hours after death. Present, Drs. Mussey, Lawson, Baker and Mulford.

Examination by Dr. Lawson. Record by Dr. Mussey.

External appearances.—Lips livid, but face pale ; bloody froth issuing from the mouth. Anterior surface of body and limbs free from discoloration, but posteriorly the skin presented a deep livid hue. Cornea dull and flaccid, and a dull red horizontal belt extended across each eye, corresponding to the part which was unprotected by the lids ; this belt was one tenth of an inch in diameter, and made its appearance a few hours after death. Limbs quite rigid. Abdomen distended with gas. Patient rather muscular ; weight probably from 140 to 150 pounds ; hair dark ; eyes dark brown ; temperament sanguineo-billious.

Brain.—Integuments contained but little blood. On removing the upper part of the skull, a larger quantity of blood than usual flowed from the vessels of the dura mater. Superficial vessels of the brain moderately distended ; two or three ounces of fluid blood, intermixed with bubbles of air, flowed from the sinuses of the dura mater. General aspect, color, and consistence of the brain normal.

Lungs.—Considerably but not intensely congested ; crepitated freely at all points ; no extravasation. Lining membrane of bronchia slightly congested, apparently the result of recent catarrh ; deeply stained by the blood. Pleura at all points highly injected ; six drachms bloody serum in the right, and two ounces in the left chest.

Heart and large blood-vessels.—Pericardium contained six drachms of bloody serum. Heart flaccid, *and all its cavities entirely empty* ; inner surface of both ventricles and auricles deeply stained. Aorta and pulmonary artery empty ; no blood in the cava within the chest, and a very small quantity in the part which lies within the abdomen ; indeed, so small was the amount, that it could not be appreciated until the vessel was opened. Lining membrane of all the blood-vessels deeply stained.

Abdomen.—One ounce and a half of bloody serum in the right hypochondrium. Stomach and intestines distended with gas. Partially digested aliment, amounting to about three gills, was found in the stomach. Liver paler than natural, arising from the absence of blood; kidneys considerably engorged. No marks of previous disease in any of the abdominal organs. Uterus and bladder normal; the former exhibited the usual condition of the organ two months after delivery.

Blood.—Fluid as water in every part of the body; not a coagulum was seen in any vessel. Examined with a microscope, the globules appeared altered somewhat in form; some were irregular in shape, and they seemed generally distended and more globular than is normal; they were also somewhat fragmentary, a part apparently having been ruptured; their number seemed somewhat diminished. The color, in every part of the system, was that of dark venous blood.

Sympathetic nerve.—The sympathetic nerve, together with its larger ganglia, including the semi-lunar ganglion, presented a natural color.

The Chloroform used.—The specific gravity of the Chloroform employed was found to be 1.3. It contained some alcohol, but upon the whole is regarded as a fair article; it was the same which the dentists had previously used in numerous cases without any unpleasant results.

GEN'L TOM THUMB'S TEETH.

The levees of this distinguished personage, have, during the last week, been crowded by the good folks of our City. The first few days, the Masonic Hall was a perfect jam, and as character after character was personated by the Lilliputian General, admiration was more increased, until, in his splendid Highland costume, he caps the climax of his performance, and wins universal applause. But we are not journalists whose duty it is to present to our readers general intelligence, irrespective of the important interests of our profession—the natural inquiry to the mind of the Dentist is, How does his teeth compare with the balance of the system, symmetrical and finely proportioned as it is? Have these important organs been also arrested in their growth, and present themselves in a corresponding size to the general organization?

Having been called upon professionally to attend to the General's teeth, while in this city, we are prepared to answer these questions somewhat satisfactorily.

In the first place, the sudden check given to the full development of the general organization, has not, in this case at least, put a stop to the development of that set of organs so essential to the preparation of food for the balance of the system. We stop not to admire the wisdom displayed by Providence in even this, for had these organs been arrested in their growth, no adequate masticating apparatus

would have been furnished for the comminution of food, which is required for the maintenance of this perfect little gentleman.

The deciduous teeth therefore matured, (we know not if as early as usual,) of the usual size, form and physiological appearance. But nature stopped not even here—although delayed in her operation, yet she is still at work, and that which is destined only for the child in others, also slowly yields to the manhood of the General, hence we find the four upper incisors of the deciduous set gone, and in their place, as yet, but the two central—these however well developed, of full usual size, and good healthy yellowish color. Below we find the four incisors gone, and their place supplied also by the two central, one of which is at least one half broader than usual, and somewhat resembles a central upper incisor—these two below so fully supplied the place of the four, that to prevent irregularity we had to remove one of the canine, the root of which was but little absorbed, and the extraction of which the General bore with commendable fortitude, showing an amount of resolution, more in proportion to his age than size.

One of the bicuspidæ below, has been shed, and a permanent one fills its place. The other deciduous teeth still remain, but show evident signs that nature's process is going on for their displacement.

The four anterior permanent molars have made their appearance of full size. These teeth, however, particularly the two in the upper jaw, have been, and are yet, so much embedded in the soft parts as to cause an early decay. This, for want of time, could only receive partial attention. They appear to be much in the same situation as we often find the dens sapientiæ in the mouth of those grown, and who have scarce room for their admission. Should the other molars and dens sapientiæ, make in time their appearance, we can scarce conceive where they will find room.

In the case before us, we find that nature has pursued her regular course thus far, except in that she moves more slowly—that she will ever complete in full the process of dentition, we can scarce believe. The permanent teeth thus far, are full as large as if designed for a man six feet high instead of twenty-eight inches, and two hundred pounds instead of fifteen.

To the dentist, the history of this case affords food for much contemplation. Why should these organs go on to a full development, and the balance (except indeed the brain) remain as when at seven months old?—DENTAL REGISTER.

REMARKS ON THE ACTION OF NARCOTIC POISONS.

The following excellent article from the London Medical Gazette, we have copied entire, and commend it to the careful perusal of all those who practice administering ether or chloroform to their patients for surgical operations. Our experience with these anæsthetic agents

has been very limited, never having administered to more than ten or twelve different patients, and in no case has any disagreeable or dangerous symptoms attended its use. We attribute this to the fact that we have never pushed beyond the third stage described by the writer of the following article, that of "Cerebral sleep (sopor.)"

There is no doubt but ether or chloroform will, and has produced, all the dangerous and fatal effects that have been ascribed to them, and on this account it is extremely desirous that those who use these articles, should fully understand their effects upon the system. If there are indications of the different degrees or stages of their operation, as the writer asserts, they should be watched with great care, and the use of the anæsthetic should never be continued longer than is necessary to produce the desired effect, and for all the purposes of the dentist simple cerebral sleep is, in our opinion, all that is desired. When only a single tooth is to be extracted, we have found that less than this will answer. After inhaling the vapor for a very short time, most patients lose all fear of the operation, while in the first or second stage of its effects, and before sleep has supervened, this is the time to extract the tooth, and if it is accompanied by a slight pain and a scream, these are of no consequence after the operation is over. With children who have great dread of the operations of the dentist, we have always given it in this way, and have found it to answer an admirable purpose.—ED. RECORDER.

Remarks on the Action of Narcotic poisons—the Effects of Chloroform, and the stages of Insensibility produced by it.—Treatment of Cases of Poisoning by the Vapor.—By FRANCIS SIBSON, Esq.—General Hospital, near Nottingham.—The death of Hannah Greener, under the influence of chloroform, painfully reminds us that chloroform is not only an admirable anæsthetic, but that it is also a narcotic poison of great power and rapid action. Chloroform, ether and alcohol, are closely allied, both as anæsthetic agents and as narcotic poisons. In small repeated doses they produce agreeable exhilaration and pleasing hallucinations. A friend informs me that he has frequently produced, by merely inhaling chloroform from a bottle, the most delightful thrill over his whole frame. These narcotics, carried by the blood into every capillary, excite simultaneously every part of the frame. The action on the capillaries themselves is universal; they enlarge and are distended with blood, which now circulates through capillaries previously invisible. The conjunctiva becomes injected, and the lips and cheeks are turgid. The secretions are consequently increased, the eyes become watery, and saliva collects in the mouth; while the visible capillaries are turgid, the capillaries in the brain, the lungs, and the other viscera, are turgid likewise.

Turgidity of the capillaries is an effect characterizing the narcotic poisons. Alston observed this in frogs poisoned by opium. I dipped the limb of a frog into a watery infusion of opium; all the capillaries of the limb were soon injected with blood. Mr. Nunnely has noticed

the remarkable reddening from the distension of the capillaries produced by prussic acid. Stramonium, hyoscyamus, and belladonna, often excite universal redness of the skin. The experiments of Mr. Wakley show that ether and chloroform cause distension of the capillaries in the lungs and other internal organs.

The action of chloroform, ether and alcohol, pervades the whole frame. In the first stage, the excitability of every organ and fibre is exalted, but throughout, their marked action is upon the brain. Exhilaration is followed by excitement, excitement by cerebral disturbance. At this stage, the person affected revels in the absurdities of social intoxication, consciousness still exists, but it is deranged. The mind is intent in its own way on many things, but does not now observe all personal realities. The mind often at this stage does not feel pain, simply because it is intently taken up with other things, just as a man in battle often does not feel a wound. This state of deranged consciousness is also that of staggering intoxication, the muscular power and control being enfeebled, and sensation blunted.

This stage of cerebral excitement and disturbance is speedily followed by the stage of cerebral sleep. There is unconsciousness, but not coma; the person sometimes can be roused, the eye turns up as in sleep, and the iris contracts. Now in all persons free from cerebral disease the pupils contract during sleep. I have opened the eyes of many sleepers, and the brain being sound, I invariably found the pupils contracted. The sounder the sleep, the smaller the pupil. In all persons the pupil dilates as soon as they awake, and if their sleep be sound, the dilatation is gradual.

I first noticed the contracted pupil, during sleep, in a patient under the general influence of belladonna; his pupils when awake were largely dilated. I lifted his eyelids, when asleep, and found them contracted; he awoke, and instantly they dilated. Opium produces an almost characteristic contraction of the pupil; it causes in fact, a deep but rousable sleep—a true sopor.

Opium is not the only narcotic that induces contracted pupils. Dr. Ogston found that of 22 persons poisoned by alcohol, 6 had contracted pupil. In one case, on evacuating the stomach, dilatation of the pupil gave immediate place to contraction; and, according to Beddingfield, who witnessed many cases poisoned with rum, the patient will recover if the iris be contractile, but if it be dilated and motionless, recovery is improbable.

Under the increasing influence of ether and chloroform the pupils first contract, then oscillate between contraction and dilatation, and finally dilate. So long as the pupil is contracted, a dreamy state often exists, and the patient, when operated upon, frequently manifests an unremembered consciousness; he is, in fact, in the state of sopor. When the pupils dilate, and the iris is immovable, consciousness is extinguished, and the patient is in the state of coma.

In 15 dogs in which Dr. Percy injected alcohol into the stomach, veins, or arteries,

The pupil was contracted in	-	-	-	4
“ first contracted then dilated in	-	-	-	2
“ contracted and dilated alternately in	-	-	-	3
“ first dilated and then contracted in	-	-	-	1
and dilate din	-	-	-	5

I have met with notices of one case of poisoning by carbonic acid, one by aconite, and one by oil of bitter almonds, in which the pupils were contracted; and in one dog, poisoned by prussic acid, Mr. Nunnely found that the pupils were contracted.

Contracted pupil is not, then, absolutely characteristic of poisoning by opium, for it may exist in poisoning by alcohol, ether, chloroform, carbonic acid, aconite, and oil of bitter almonds, and *prussic acid*? (in one dog.) In all of these, save opium, the pupils are dilated in the extreme action of the poison; and even in poisoning by opium, although contracted pupil be the almost invariable rule, yet now and then a case is met with in which the pupil is dilated. I have, indeed, found notices of two cases of poisoning by opium, and three by morphia, in which the pupils were dilated. I do not include any case before that of Dr. Kinnis, who was, I believe, the first distinctly to report that opium caused contraction of the pupil.

The remaining narcotics always cause dilatation of the pupil, viz:—belladonna, hyosciamus, stramonium, characterized by cerebral excitement and disturbance; tobacco; digitalis; conium; wourali; *prussic acid*, with the exception noted above; parsnip root; *cœnanthe crocata*; *nux vomica*, and *strychnia*.

Valentin considers, from anatomical grounds, and from observation on rabbits, that the contraction of the pupil is due to the reflex function of the brain* through the ciliary filaments from the motor oculi, and that the dilatation of the pupil is due to the reflex function of the spinal marrow through the ciliary filaments from the cervico-spinal nerves. I conceive that this view is borne out by physiological and pathological observations.

A boy was brought dead to this hospital from a recent destructive injury to the brain; the pupils were widely dilated. Here the reflex function of the brain was destroyed, while that of the spinal marrow still existed. Next day I found the pupils of a medium size—a proof, I conceive, that the reflex functions of both spinal marrow and brain were then destroyed.

In sleep or sopor, consciousness and volition are absent, but the cerebral reflex function is still active, and induces contraction of the pupil; but in coma or cerebral disease the reflex function of the brain is often destroyed. I opened the eyelids of a boy asleep and ill with fever, who had passed a delirious night; the pupils were dilated.

* By the reflex function of the brain is meant the excito-motory function of that portion of the true spinal system of Dr. Marshall Hall, which is seated above the medulla oblongata.

Next morning, after passing a good night, I found them contracted during sleep ; when he awoke, they dilated.

It is not easy to explain the comparative dilatation caused by arousing a person from sleep. I conceive it to be thus :—During healthy consciousness, the reflex functions are controlled by the mind, so that the spinal action of dilatation of the pupil, and the cerebral action of its contraction—each prevails in turn according to the present need. If the control of the mind be removed, as in sleep, the reflex action of the brain predominates, and the pupils are contracted.

Certain poisons—viz. belladonna, hyoscyamus, and stramonium—act immediately upon the brain, disturbing and progressively destroying both its mental and reflex functions. Such poisons invariably cause dilatation of the pupil, owing to the spinal reflex functions being still active.

On the other hand, strychnia so excites the reflex functions of the spinal marrow, that the brain loses control over them ; tetanic convulsions ensue, and the pupils are dilated. When the pupil becomes fixed, it is a proof that the cerebral function is suspended.

So long as respiration continues, it is manifest that the spinal marrow, from the medulla oblongata downwards, is still alive. The nerves that supply the diaphragm and all the muscles of respiration that expand the chest, come off from the spinal marrow below the medulla oblongata. It is then erroneous to say that the medulla alone lives at this stage—the spinal marrow is alive also, its functions being necessary to support life. As the action of chloroform increases, costal respiration ceases, and the diaphragm only acts, the functions of the spinal marrow being gradually destroyed from below upwards.

During the stage of sopor there is frequently rigidity of certain muscles, as those of the jaw ; this I conceive to be due to the gradual withdrawal of the control of the mind from the reflex functions.

This rigidity is speedily followed by complete relaxation of all the voluntary muscles, save those of respiration. Mr. Tracey found that even galvanism had no effect in exciting muscular action in the stage of coma. In addition to their influence on the brain, chloroform and ether now have a local action on the voluntary muscles, paralyzing their irritability.

Finally, the respiratory muscles are paralyzed, and absolute death ensues.

The action of the heart, according to the observations of Mr. Wakley, continues two or three minutes after respiration has ceased, and Dr. Percy observed the same phenomenon in the majority of the dogs he destroyed by alcohol ; but in four of them, respiration and the heart's action ceased simultaneously. In these cases, the heart, especially its right side, was greatly distended. The heart contracted when the blood was withdrawn.

Dr. Glover injected chloroform into the veins. Respiration and the action of the heart ceased at the same time. The heart was found

gorged with clotted blood, and its irritability destroyed. The lungs were congested to a surprising degree, and the bronchi filled with frothy serum.

Dr. Lonsdale poisoned animals by prussic acid. Generally the heart beat some minutes after respiration had ceased: in some instances, the heart's action ceased shortly, owing to the enormous distension of its cavities. On the withdrawal of a little blood, the heart's action was renewed. When he injected the acid into the trachea, the heart's action ceased with respiration, and the right cavities were found to be enormously gorged.

Sir Benjamin Brodie found the heart at rest, and enormously distended, after poisoning an animal by tobacco; on irritating the heart, its action was renewed, and it was kept up for some time by artificial respiration.

I observed the peristaltic action of the intestines still continued in a chloroformed ass after its destruction by pithing.

The stages, then, of the increasing influence of chloroform, ether and alcohol, are:—

Cerebral excitement.

Cerebral derangement; staggering intoxication.

Cerebral sleep (sopor;) pupils contracted; dreams; reflex functions of brain and spinal marrow still active.

Cerebral death (coma;) reflex functions of medulla and spinal marrow still active.

Death of spinal marrow; cessation of respiration (heart's action still generally present.)

Cessation of heart's action.

It is very important to be able to tell easily when the stage of safety sopor is about to merge into that of danger—coma. The action of the pupils is the key to this knowledge. Chloroformization ought not to be continued one instant after the pupils previously contracted have begun to dilate. If unconsciousness can be secured by sopor, the inhalation should not be carried on to produce coma.

If complete muscular relaxation be sought for, as in hernia, to facilitate taxis, in dislocation to make reduction easy, and in tetanus, then it will be needful in general to urge the patient from sopor into coma; but as soon as the muscular relaxation is secured, the inhalation should cease.

When chloroform or ether is employed in chorea, delirium tremens, or other affections, it should never be urged beyond sopor. In Neuralgia it is not usually needful to produce unconsciousness. Whenever the pain disappears the inhalation ought to cease.

Dr. Snow has made this important observation, that the effects of chloroform and ether increase after the administration of it has ceased; this he calls the cumulative property of those vapors. This increase of effect he has observed to last for twenty seconds. Mr. Wakley, in his experiments, observed the same thing. I observed this effect the

other day in a woman whose lip was extensively pared under the influence of chloroform. I gave up the employment during sopor, the pupils being still contracted; and in a few seconds coma supervened, the pupils being permanently dilated.

On this ground, Dr. Snow objects to rapid chloroformization. He conceives that the complete effect ought not to be gained in less than two minutes. I own I cannot see how a slow, but effective administration of the vapor, can lessen the danger arising from the still increasing effect after the administration has ceased. The longer the inhalation is continued, the greater the total amount of chloroform received into the system; and this chloroform, already circulating in the blood, will still, I conceive, under either circumstances of quick or slow inhalation, continue to produce an increased effect. Indeed, in the case in which I observed this action, the inhalation had been carried on with intermission some minutes. In another case, in which unconsciousness was produced quickly, the pupil, which had been dilated during one or two seconds, contracted immediately after the cessation of the inhalation.

I think, with my friend Mr. Fearn, that it is important to dilute the chloroform vapor largely with air during the first few inhalations, so as to avoid the sudden shock on the nerves of the lungs, and accustom them to its presence.

After the death in Newcastle, and after the alarming case at Guy's Hospital, related by Dr. Gull, in which respiration appeared to be suspended for some time, we must feel alive to the proper means for restoring animation should it be suspended.

If natural respiration ceases, there is nothing for it but to establish immediately artificial respiration. Ammonia, cold water, bleeding, will be resorted to in vain.

We ought, then, whenever we administer chloroform, to be ready in case of need to perform artificial respiration. I have constructed a chloroform inhaler, which can be immediately so applied on the face, that, by breathing through the external opening, and pressing back the larynx, artificial respiration can be established. The basis of this inhaler is the mask that I invented for the inhalation of ether, which mask Dr. Snow employed in May last.

"This inhaler is made of copper, brass, or white metal. It has a border or face-piece of thin flexible lead lined with oiled silk, covering the nose and mouth, and from its ductility easily adapted to any face. The lower, or inspiring valve, is constructed on the principle of Arnot's ventilators, having a counterpoise weight which keeps it shut, unless acted on by pressure from without. The upper, or expiring valve, is a plain metallic lid, always closed unless acted on by pressure from within. The tube to which this valve is attached may be drawn out so as to expose an aperture for the admission of air when desired."*

To perform artificial respiration with this inhaler, draw out the ex-

* *Pharmaceutical Journal*, Feb., 1848.

piratory tube; imbed the mask firmly on the face—press back the larynx against the œsophagus and spine—inspire deeply, and distend the chest by blowing through the upper tube. Renew the artificial respirations in rhythmical succession, about sixteen in each minute.

As the action of the heart usually continues after the respiration has ceased, artificial respiration will generally restore animation.

It is possible that the cessation of the heart's action, and of respiration, may be simultaneous, owing to the distension of the right cavities of the heart. In such a case, in addition to artificial respiration, the abstraction of two or three ounces of blood from the jugular may relieve the distention of the heart, and permit the renewal of its action.—LONDON MEDICAL GAZETTE.

ABSCESS OF THE ANTRUM MAXILLARE.

DEAR SIR:—I herewith transmit to you an account of a case of the *antrum maxillare*, to which my attention was called some time ago. The treatment of these diseases very properly comes under the care of the dentist, and he should be abundantly qualified to undertake their treatment; but nevertheless, it is often the case that he is entirely ignorant of the first cause of the disease, as the present case will testify.

The *antrum maxillare* is very subject to inflammation and suppuration, caused by disease of the neighboring parts. The natural mucus of these cavities accumulating, irritates and produces irritation for its own exit. The pain caused by the inflammation of the antrum is, in most cases, first taken for the toothache. Sometimes the eye as well as the nose is affected, extending to the frontal sinuses in the forehead. At first the symptoms are not sufficient to distinguish the disease. Time will disclose the true cause of the pain.

But to the case. Some five months since, a gentleman called on me, wishing me to examine his mouth, stating that he had for the last two months a violent pain in the upper jaw, extending at times to the forehead—also, that he had, within the two months, five upper teeth extracted on the side where the pain existed, by a dentist who assured him the cause was disease at the roots of the teeth. Still the pain continued, and on examination I found that the antrum was in a diseased state, so much so that with a common lancet I easily effected an opening inside of the lip. A large amount of matter was at once discharged, and the pain ceased. In a few days the matter again collected, and he had the same pain as before. Finding that I could not effect a cure by an opening in that place, I at once made an incision through the partition between the root of the alveolar process and the antrum, and then inserted a small tube of silver, which was kept there until the inflammation subsided, and an effectual cure was obtained. This was far the most preferable, for you are then sure of having an opening as long as wished for; and not only that, a better chance is thus obtained for the admission of the syringe, which should always be used in diseases of this kind.

J. R. DILLINGHAM, Dental Surgeon.

Fairhaven, July, 1846.

[Bost. Med. and Sur. Jour.]

RECORDS OF PRACTICE.

SALIVATION CAUSED BY EXTRACTING TEETH.

Mrs. S., about twenty-six years of age, being troubled with the tooth-ache, called on me 7th January last, to have the offending tooth removed. After an examination I extracted the first inferior molar of the right side, which relieved the pain, but produced a copious discharge of thin watery saliva from the mouth. During the first night she swallowed the saliva, which had the effect of a drastic cathartic. Two days after she called again, complaining of pain in the second superior molar of the opposite side, which upon examination I found to be decayed to the nerve, and advised her to have it extracted, to which she readily submitted; the salivation soon after began to increase and continued increasing until the third day, when she discharged four or five quarts in twenty-four hours. It continued flowing more or less for about eight days, gradually subsiding as the wound in the gum and jaw healed. This lady had a tooth extracted a few years ago, which produced the same effect but not as severely. This salivation—for the want of a better cause—was attributed by the patient to her having been salivated from the use of mercurial remedies, administered during a course of fever about nine years since. During the worst stages of salivation the patient solicited a prescription of medicine, but as I considered it the effect of irritation I advised her to depend on time and the sanative power of nature.

If this effect—which would prove very injurious to the general health of the most robust constitution if continued for any length of time—be caused by irritation, we can readily conceive of the vast amount of injury done by the accumulation of tartar, and retention of diseased roots in the mouths of persons of this *idiosyncrasy*, and also of badly adjusted plate to their gums.

Schuylerville, June 13th, 1848.

C. H. ROBERTS.

[From the American Journal of Dental Science.]

IRREGULARITY OF THE TEETH. BY J. TAFT.

The proper treatment of irregularity of the teeth is not a matter of minor importance either to the dentist, or such as are afflicted with it. The following case came under my care, during the winter of 1843, Mr. W. applied to me for advice in regard to the irregularity of his son's teeth, who was about nine years old. Upon examination, I found the following arrangement of his teeth to exist. The medial side of the left central incisor was turned anteriorly, so that its cutting edge formed an angle of fifty degrees from the proper circle or line of the cutting edges of the other incisores, its lateral edge inward; the central edge of the right incisor was directly against the centre of the posterior face of the left incisor. The right central incisor pointed about fifteen degrees to the interior of the true dental circle. The cutting edge of the left lateral incisor was turned so as to form an angle of eighty degrees from its true position in the circle; its proper anterior side, or edge, was turned inward, and the posterior side or

edge, was turned outward, standing with the anterior surface against the lateral edge of the left central incisor. The right lateral incisor, with its cutting edge, at an angle of forty degrees, its posterior edge, or side, pointing outward, and its anterior inward. The posterior primary teeth were all remaining, some quite loose. There may not be any thing in the treatment of this case, new or interesting to the profession, but I will give it. I took a cast of the part, and formed a heavy narrow plate, which was clasped to the molar teeth, and then soldered flat wire upon the plate at the proper points and turned them into hooks which caught upon the external edges of the irregular teeth, and every two days the hooks were shortened, until the teeth were all brought against the external edge of the plate, which was the exact form of the proper dental arch. The right central incisor was easily moved out by the pressure of the plate. While this was going on I used a strong stimulant to induce energetic action of the absorbing vessels. By this treatment the desired end was accomplished in six weeks.

[From the American Journal of Dental Science.]

ABRASION OF THE TEETH. BY J. TAFT.

On the 5th of November, 1846, Mr. M., aged about 30 years, desired me to examine his teeth. I found some four or five of the molars slightly decayed, which I filled; when directing my attention more particularly to the anterior teeth, I found the superior incisores worn down almost to the necks; the central incisores more than the lateral, and the canines less than the latter. I directed him to close the jaws, when I found the points of the superior and inferior incisores could not be brought nearer together than one-fourth of an inch, by any motion of which the jaw was capable; when the jaws were closed the inferior incisores were almost perpendicular below the superior, at which time the space between the superior and inferior incisores presented a semi-elliptical form, its greatest width being one fourth of an inch between the superior and inferior central incisores, and its length terminated at the first bicuspid of each side. I inquired of the gentleman if any thing had been used between the teeth which could have worn them to such an extent, when he assured me that nothing of the kind had ever been used, and that the teeth had not been used in mastication, or even for seizing any thing for a number of years. The loss of substance was an entire mystery and wonder to himself. The circle described upon the edges of the superior incisores is as regular as could be drawn with a compass. The inferior incisores have suffered no loss. Had it not been for a beautiful provision of nature, long previous to the present examination, the nerves of the incisores must have been exposed; but there had been a deposit of bony matter, which so completely filled the dental cavities, that the surface presented was as smooth as if it had been burnished. That portion which filled the dental cavity was semi-pellucid. As to the cause, I am not able even to give a reasonable conjecture.

NEW YORK DENTAL RECORDER.

JULY 1, 1848.

"HILL'S STOPPING."

We stated in our last, that we had received a bottle of this article from the agent of the proprietors, since which time we have inserted it in several teeth; of course sufficient time has not elapsed to test its qualities for durability when used as a permanent filling for carious teeth. Previous to testing the above article in our own practice, we examined several specimens which had been subjected for full two months to some of the most powerful chemical agents, such as the mineral acids, strong solutions of potassa, chlorine, &c., none of which, except the nitric acid which was very powerful, (about equal parts of acid and water,) had made the slightest impression upon the material in the tooth, although in some cases the teeth themselves were nearly destroyed by the acids. In that which had been subjected to nitric acid, a portion of the materials seemed to be dissolved and removed from the filling; but the base of the stopping remained.

This new article for filling teeth is very easily applied and may be put into any tooth however much it is decayed, if there is any shell remaining; the method of applying is also very easy, being simply to warm the material until it becomes soft and plastic, and press it immediately into the cavity smoothing it off afterwards with a warm instrument.


As we have been frequently applied to, and our opinion of this stopping solicited by persons at a distance who have not yet had an opportunity of testing its qualities, we will state that as a temporary filling for teeth too far decayed to be preserved by gold, and for deciduary teeth it may answer a valuable purpose; but as a permanent filling for teeth which we desire to preserve for many years or for life, we should be unwilling to use it as a substitute for gold.

Thus much for the material, we have a word now to say in relation to the manner in which this new article has been introduced to the profession. It bears the name on the label of each bottle and on the "directions for use" of "Hill's Stopping," and altogether makes very much such an appearance in the market as Brandreth's Pills, Sherman's Lozenges, or Mrs. Jervis' Cold Candy. Mr. Hill is a Member of the American Society of Den-

tal Surgeons, has a holy horror of amalgam, and during the last session of the society followed his file leaders, and voted for the expulsion of such men as Baker, Lovejoy, B. B. Brown and all others who practice the abominable knavery and quackery of thinking and acting for themselves. Of course (with Dr. Roper of Philadelphia, who has since secured a patent on a two-penny "ether inhaler") Mr. Hill must be in high standing with the anti-amalgam society, and reasonably enough supposed that those persons in the society with whom he had labored, would now in turn recommend his paste, (particularly as it is intended as a substitute for mineral paste, and as there is no danger of any one's being poisoned with it,) and thus assist him to turn an honest penny. As those recommendations are not forthcoming "Hill's Stopping" seems destined to stand on its own merits, and we doubt not will stand as firmly as though it had been recommended by the whole anti-amalgam party.

What we object to is the unprofessional manner in which "Hill's Stopping" has been introduced to the public. When Mr. S. L. Bigelow discovered the peculiar adhesive properties of the gun cotton varnish, and conceived the idea of applying it to surgical purposes, he did not put it up in small bottles labelled Bigelow's Liquid Adhesive Plaster, and retail it to the profession at the moderate price of *Fifteen Dollars* per bottle, but after experimentally testing its properties he sent a communication to the Boston Medical and Surgical Journal, fully describing its uses, *modus operandi* and composition, all he asked from his professional brethren was the credit, if any was due him, of having made a discovery.

The principal ingredients in Hill's Stopping are so apparent upon a superficial examination, that it is not probable it will meet with a very extensive sale at the price which he has fixed upon, so that he will in the end, probably get the reputation of attempting to make money out of his professional brethren without accomplishing his object. If the course which he has adopted be more agreeable to him we do not complain; "The workman is worthy of his hire," we only protest against it as il-liberal and unprofessional.

 We would call the attention of the Dentist in the City and vicinity of New York to Mr. Crowell's advertisement on the last page of the present number. Mr. C. is prepared to manufacture blocks or single teeth to order, for all such as desire them.

We have just inserted two blocks of Mr. Crowell's teeth, and find them to stand the test of fire well, while they are a good imitation of natural teeth, and appear to be strong and substantial.

NEW YORK DENTAL RECORDER.

DEVOTED TO THE THEORY AND PRACTICE OF
SURGICAL, MEDICAL, AND MECHANICAL DENTISTRY.

Vol. II.

AUGUST 1, 1848.

No 11.

REGULATING CHILDREN'S TEETH, BY J. S. WARE.

DR. ALLEN, DEAR SIR:—I propose to offer a short chapter upon the ordinary mode of regulating children's teeth—also a few suggestions with the view of improving the old practice. Extracting of one or more teeth has been the general plan adopted, when the teeth grow in an uneven and crowded position, and in a few cases this is all that may be necessary to secure a perfect dental arch, without narrowing, or in other words—shortning the circle so much as to produce deformity of the features. Such a deformity may be produced under the following circumstances—The teeth in the lower jaw may be true in their circle, but those in the upper uneven, giving a depressed appearance to the upper lip—now if the first bicuspedes are extracted, in order to make room for the remaining teeth, the circle of the upper jaw will be lessened in proportion to the width of the bicuspedes, which have been extracted, hence the depression of the upper lip will be increased, which will produce a still greater deformity in the proportions of the face, and in many such cases the upper incisor teeth will be caught by the inside of the incisor of the under jaw, which will continue to depress the circle of the upper teeth, and at the same time it will increase the length of the under jaw, which produces a protruding chin, and gives the appearance *of old age to youth*.

In all such cases no teeth should be extracted, for it is much better to increase the circle of the upper jaw by means of a mechanical apparatus, to a sufficient degree, to give room for the crowded teeth in the upper jaw, and for them to overlap the under—for when this is accomplished, the imperfection of the features is removed, and the individual presents to you a full round lip, and a face, the beauty of which has been very much improved by the skill of the dental surgeon.

Another kind of deformity is common, produced by the too early extracting of the infant double teeth, and the first molar of the adult in the under jaw on one side, while the corresponding teeth on the opposite side are free from disease, therefore suffered to remain. In

such a case the jaw does not expand in the same ratio with the other, hence it is shorter, and more flat, giving to the under jaw the appearance of a temporary swelling, on the side where the teeth were not extracted. And as the jaw has no support while masticating, farther back than the eye tooth, on the side from which the teeth have been extracted, until the second molar tooth is cut, (being an interval of several years,) its depression upon this side often forces the jaw sideways, and in many cases, so much so, that the under teeth are caught on the outside of the eye and bicusped teeth of the upper jaw, producing serious deformity, and one which is very difficult to remedy, and in many cases unless taken early after the loss of the teeth, impossible. But it seldom happens that any necessity occurs to extract the teeth, except through the neglect of the parents or dentist, and I might with much truth say, except through the ignorance of many in the profession, who seem to think, if one may judge from their works, that teeth were made only for the express purpose that they might exhibit their skill in extracting them, and tormenting their victims. The extracting of the lateral incisors of the upper jaw, when the teeth are crowded and uneven, to give more room to the remaining ones, is oftener productive of evil than good, particularly so if they are extracted before twelve years, for in all of the cases which I have seen, the teeth continue to crowd against each other, which causes them to decay, so that filling must be resorted to, which in almost every case mars their beauty, or they are lost.

A case in point to illustrate the mischief done to the beauty of the face, in consequence of the extracting of the lateral incisors of the upper jaw. A young lady had the right and left lateral incisors removed, to prevent any crowded or uneven condition that might occur. Although the teeth were not uneven but pressed hard against each other, yet the dentist believed that he would remove all liability to pressure or deformity, by the extracting of the right and left incisor teeth; but practice did not prove his theory correct, for the central incisors closed in against the eye teeth, which shortened the circle to such a degree that the upper incisors and eye teeth shut inside of the lower ones, which at the same time operated with great power upon the outer surface of the upper teeth, when masticating, which forced them together to a greater degree than they would have been if the right and left lateral incisors had not been removed, and the upper teeth had been permitted to close over the outer circle of the under.

The result of removing these two teeth upon the appearance of the face of the young lady, is a depressed upper lip, and the protruding of the lower one and chin, which destroys that due proportion in the features, so necessary to the perfection of beauty. In all cases where there is a predisposition or hereditary inclination of the under teeth to overlap the upper, and a crowded condition of the latter, much care should be taken to preserve the molar and bicusped teeth, so that no portion of the circle of the jaw shall be lessened, and as soon as the

bicusped teeth have sufficiently advanced to articulate with the under, a gold plate should be so adjusted to the upper, that it will increase the circle sufficiently to carry the upper over the under. When this is accomplished, there will be found room enough without pressure of one against the other, for the full number of teeth, which will secure or prevent them from decay, and add much to the harmony of the upper and lower portion of the features, which constitutes true beauty.

The extracting of the first molar teeth because they are diseased, under the age of twelve years, with the expectation that it will give more room for the remaining teeth, will not always fulfil the expectation of those who extract them.

My own observation has shown me that nothing is gained by this kind of practice, but it is followed in many cases by serious consequences.

Another evil follows the too early extracting of the first molar teeth—the shortening of the jaw—and although its circle may be full of teeth after the removal of the first molar, yet on examination after cutting the dens sapientia, it will be found that there is little or no space to be found between it and the angle of the jaw, proving that the jaw is the width of one tooth shorter than it should be. If but one of the first molar teeth is removed before the age of twelve, it will be found on examination, after the full development of all the second molars and bicusped teeth, that the jaw is the width of one tooth shorter on the side from which the tooth has been lost. Such a condition of the jaw holds good in almost every case where the first molar teeth are extracted before the full development of the twenty-eight adult teeth, so as to form a perfect articulation between the upper and lower jaws. But, if the twenty-eight adult teeth are fully grown so as to form a perfect articulation, then the removal of a single tooth does not so much effect the proportions of the jaws, for the teeth adjoining the one which may be extracted, are held in their places by the articulation of the teeth, except in cases where a tooth in the opposite jaw, so strikes one or both adjoining the one which has been extracted, as to force it into the vacuum made by the lost tooth. Hence the importance of preserving the first molars when diseased, until the full development of the twenty-eight adult teeth. The indifference and carelessness of many in the profession about preserving the first molar teeth when diseased, because they believe the child can do without them, or that their loss will improve those remaining, calls for a reform.

It is true that the fault does not always belong to the dental surgeon, for in many cases he does not see the child until it is too late to save the teeth, and necessity compels him to remove them as the least of two evils; but many parents let their children lose the first molar teeth by the advice of the dental surgeon. I have seen within the last month several children who have lost from two to four of this class of teeth, and the infant molars not yet shed.

The dental surgeon ought to take the trouble to explain to paren the importance of the first molar teeth, and the necessity of saving them, if not through life, at least until the full growth of the twenty-eight adult teeth.

[To be Continued.]

SOCIETY OF DENTAL SURGEONS OF THE STATE OF NEW YORK.

At a regular meeting of the Society of Dental Surgeons, of the State of New York, held on the evening of June 6, 1848, at the rooms of the College of Pharmacy, No. 411 Broadway, Dr. S. Covill in the chair:—

The minutes of the previous meeting were read, and on motion adopted.

The Committee appointed at a previous meeting to prepare rules of order, presented their report, which was on motion, accepted, and the rules adopted by the society as a whole.

The Recording Secretary presented the application of E. D. Fuller of Peekskill, N. Y., for membership, who was unanimously elected.

Dr. G. E. Hawes presented two interesting cases to the society for its inspection—one of which was a case of irregularity, and the other of third dentition, which were examined with much interest and satisfaction. On motion it was resolved that the thanks of the society be tendered to Dr. Hawes for the trouble taken by him in bringing the above cases before the society—and it was further resolved that he be requested to furnish the society with a statement of his manner of procedure in the case of irregularity, also the casts of said mouth for a drawing; the whole to be published in the Dental Recorder, in connexion with the case of third dentition.

Dr. Covill presented a resolution appropriating one hundred and fifty dollars, for the purchase of dental apparatus, which was amended by Dr. Allen, by adding the words “or library.” The resolution by the requirement of the constitution, lies over until the next regular meeting.

On motion resolved that each member of this society who may have any donation of books to make, be requested to send the same to the executive committee.*

The address of J. G. Ambler was then called for, but in consequence of the lateness of the hour, it was on motion resolved that the same be deferred, and that he be requested to favor the society with it at the next meeting.

On motion adjourned, to meet again two weeks from the following Thursday.

At the adjourned meeting on the evening of June 22nd, Dr. Love-

* Many of the members had expressed a preference for this method of collecting a library.

joy occupied the chair, the minutes of the previous meeting being read and approved, the secretary presented the name of C. S. Stilwell for membership, which was on motion referred to the executive committee.

Dr. F. H. Clark suggested some improvements in the manufacture of mineral teeth, which were referred to a committee consisting of Hawes, Allen, Lord, Burras, Dodge and Clark; which committee were to confer with the manufacturers of teeth, and report at the next meeting.

The address of J. G. Ambler was then called for and read, when on motion, the thanks of the society were tendered him for the same.

A communication from M. Levett was presented, accompanied by a specimen of his enamelled plates, and on motion, the proposition contained therein, to grant rights under his patent, to members of the society, for one hundred dollars each, for the term of seven years, with his pledge to place ten per cent. of the amount of all sales to the members in the funds of the society; was accepted. A committee consisting of Drs. Bridges, Dodge and Ambler was appointed to examine the whole matter, and report at the next meeting.

Dr. G. E. Hawes stated that he had taken it upon himself to solicit contributions for the purpose of forming a Dental Library, and that he had been successful in obtaining many valuable books, as well as considerable sums of money. A list of contributors, (see another page,) with the books contributed was also presented. On motion, the thanks of the society were tendered to him, for his exertions in this matter.

J. G. Ambler also stated that Messrs Jones, Chevalier and Alcock had each offered to contribute implements towards establishing a Dental Infirmary. The thanks of the society were tendered to them for their liberality.

Drs. Allen and Covill were appointed a committee to act with the Librarian in arranging and purchasing books.

Dr. M. K. Bridges presented to the society several curious antique dental instruments, artificial teeth, &c. &c., which were accepted, and the thanks of the society presented for the same.

Dr. C. D. Brown presented some specimens of steel instruments, the handles of which were coated with a new preparation, the recipes for which manner of doing, &c., were also given.

On motion, adjourned.

J. G. AMBLER,

Recording Secretary.

RULES OF ORDER OF THE SOCIETY OF DENTAL SURGEONS, OF THE
STATE OF NEW YORK.

First. All meetings of this society shall be called to order by the presiding officer at the hour appointed; after which the order of procedure shall be as follows—

Second. The Secretary shall call over the list of members, and note those which are present.

Third. A constitutional quorum being present, the presiding officer shall declare the meeting organized for business, which shall then proceed in the following order—

- 1st. Reading the minutes of the preceeding meeting.
- 2nd. Reading the Rules of Order.
- 3rd. Report from the Treasurer shall be made.
- 4th. Reports from Committees, made and acted upon.
- 5th. Election of Members.
- 6th. Unfinished Business.
- 7th. Addresses, Essays and Dissertations.
- 8th. Ordinary and Miscellaneous Business.

Fourth. When a question is before the society, no motion shall be received except to lay it on the table, to postpone it, to commit it, or to amend it; which motions shall have precedence in the order of debate.

Fifth. All communications shall be considered in the order in which they are received; but no proposition on a subject different from that under consideration, shall be received under color of a substitute.

Sixth. A motion to lay it on the table, shall be decided without debate.

Seventh. A motion to adjourn shall always be in order, when no member is speaking, and shall be decided without debate.

Eighth. If a question under debate contains several distinct propositions, the same shall be divided, at the request of any member, and a vote taken separately.

Ninth. No member shall speak more than twice on the same question, without leave of the society; nor more than once in any case, until every member choosing to speak, shall have done so.

Tenth. Every member present, shall vote on all questions, unless excused by the society on the ground of personal interest in the matter at issue.

Eleventh. When a member is called to order, by the President, or a member, he shall sit down, unless permitted to explain. All questions of order shall be in the first instance determined by the presiding officers; but any member may appeal from the decision of the chair, and on such appeal no member shall speak more than once, without leave of the society.

Twelfth. The prescribed order of business shall not be departed from, nor shall any rule of order be suspended, unless by a vote of two-thirds of the members present.

Thirteenth. The election of the officers of the society, (except to fill vacancies,) shall be at the close of the annual session, immediately after the disposal of the ordinary and miscellaneous business.

LIBRARY OF DENTAL SURGERY.

It will be seen by the following communication, that the Dentists of New York have generously contributed towards the formation of a Library for the use of the members of the Society of Dental Surgeons of the State of New York. About seventy volumes have already been presented, besides a considerable amount of money which is to be expended in the purchase of books to be added to the library. Among the contributions are several duplicates, which the library committee would be glad to exchange for such as are not contained in the collection.—ED. RECORDER.

The Librarian of the Society of Dental Surgeons of the State of New York, acknowledges through the treasurer of the Society, Dr. Hawes, the following donations in books and cash, to be appropriated to establishing a Dental Library: Fitch's Dental Surgery; Foxs' History of the Teeth, presented by Dr. J. Lovejoy; First volume of Journal of Dental Science; Harris's Dental Surgery, presented by Dr. F. H. Clark; Brown's Dentogia; H. Burdell on Teeth; one volume Journal of Dental Science, presented by Dr. S. W. Judson; Goddard's Anatomy, Physiology and Pathology of the Human Teeth, presented by Dr. Levett; Fitch's Dental Surgery, presented by Dr. A. Johnson; Smith on Teeth and Ether; J. Burdell on Teeth; Audibran's Treatise sur les Dents, presented by Dr. James Alcock; Ambler's Journal of Dental Operations; Spooner on Manufacturing Teeth, presented by Dr. J. G. Ambler; Harris on the Teeth and Gums; Harris on Diseases of the Maxillary Sinus, presented by Dr. Freeland; Hunter, Bew, Atkinson, Berdmore, Snell, H & T. Burdell, together with a variety of pamphlets on the Teeth, presented by Dr. M. K. Bridges of Brooklyn; Berdmore, Spooner, Wait, on the Teeth, presented by Dr. G. E. Hawes; Bell on Teeth, presented by Dr. Shaffer; Comaro on a Sober Life, J. Burdell on Teeth, J. Burdell's Tobacco and Health Almanac, presented by Dr. J. Burdell; Bell on Teeth, Blaisdell's Dental Almanac, presented by Dr. Blaisdell; Guide to Sound Teeth, Essay on Manufacturing Teeth, and Dissertation on Teeth, presented by the Author, Dr. S. Spooner; Wait's Manual on Teeth, presented by Dr. J. M. Burkey; Bell on Teeth, presented by Dr. Bernhard; Harris's Principles and Practice, Bell, Parmley's Lectures, Spooner's Guide, Spooner on Manufacturing Teeth, J. Burdell, Bostwick, Dental Anatomy, (French) first volume of Dental Recorder, bound, presented by Mr. Asabel Jones; Blaudin's Anatomie du Systeme Dentaine, Le Dentiste Populaire, presented by Dr. H. Burdell.

Considerable amount in cash, as well as valuable works on the Teeth, yet remain with the contributors, which when received by the Librarian will be duly acknowledged through the Dental Recorder.

H. BURDELL, *Librarian.*

[From the American Journal of Dental Science.]

ON THE EXCHANGE OF THE DECIDUOUS FOR THE PERMANENT INCISOR TEETH. By WILLIAM LINTOTT, Esq.

ONE of the most prolific sources of future mischief to the teeth, is the mal-practice perpetrated in the premature removal of deciduous teeth. Though strongly deprecating an excess of interference, I am by no means an advocate for leaving nature entirely to her own efforts. We have the power of modifying considerably the natural process of the second dentition, retarding it by the adoption of proper means for the preservation of the deciduous teeth, and accelerating it by the removal of those, which, in consequence of the absorption of their fangs proceeding too slowly, become impediments to the eruption of their successors. In very many instances, by the judicious and timely application of mechanical force, we may prevent or remedy deformities, which, if neglected, not only become detrimental to personal appearance, but also eventually destroy the strongest teeth; but these measures should be adopted with the utmost caution.

It is frequently stated that the children of the poorer classes of society, escaping the interference of the dentist, have better teeth, with more regularity of arrangement, than those for whom his services are put in requisition. I cannot admit this to be the case in cities or large towns. In healthy situations in the country, there is undoubtedly less of irregularity and its consequences to be seen, but not to a greater extent than may be duly expected to result from simple constitutional causes, dependant on the more perfectly discharged functions of the animal economy. I do not intend in these observations to allude to the structural development of the teeth, as influenced by healthy, or morbid conditions of the system; but to their arrangement in the alveolar arch only.

In cases of ordinary health, the period at which the advice and assistance of the professed dentist become indispensably necessary for the child, is that when the four lower incisor teeth have completed their eruption from the gum. The average space of the alveolar border occupied by the four deciduous incisor teeth, is ten-sixteenths of an inch, whilst their successors require from thirteen to fourteen sixteenths. It is evident, then, that the permanent incisors at their first appearance must present themselves in an irregular and crowded manner. In these cases I have observed it to be the common practice to remove the deciduous canine teeth, and thus at once liberate the permanent incisors from the obstacle to their regular arrangement. This object I admit is effected, but at what cost, with what certainty of entailing upon the patient more inconvenient irregularity at a future period!

What is the relative state of growth and position of the bicuspid, and of the permanent canine teeth, at the time this operation is per-

formed? The anterior bicuspid are the teeth that in due natural succession, should next emerge from the gum, and they will be found lying rather above and behind the permanent canines, pressing upon and promoting absorption of the fangs of the anterior deciduous molars, and inclining slightly forwards in the direction of the space which has been made by the extraction of the deciduous canines. Now if the effects of this operation could be limited to the liberation of the permanent incisors, the practice would not be objectionable, but unfortunately in the majority of cases so treated, it will be found, that the growth of the anterior bicuspid teeth is thereby accelerated, but in a lateral direction, that the due absorption and dislodgment of the anterior temporary molars is consequently retarded, and in fine, that the space naturally destined for the permanent canine tooth, is preoccupied by the lateral incisor and the anterior bicuspid tooth, so that the canine must make its way through the external alveolar plate, and will most probably project beyond the arch of the superior maxilla. Thus is a formidable case of irregularity, involving probably the loss of the canine teeth, or at best, of the bicuspid, brought about by mal-practice, inasmuch as, if instead of removing the deciduous canines, the operator had extracted the anterior temporary molars, the desired arrangement of the incisor teeth would have been quite as surely attained, if not so expeditiously, the deciduous canines giving way before the pressure produced by the upward growth of the incisors, until checked by the advance of the anterior bicuspid in their proper position, and then remaining to secure space for their permanent successors.

The next exchange then made would be that of the posterior deciduous molars for the posterior bicuspid. The average space occupied by the bicuspid is nine-sixteenths of an inch, that before filled by the deciduous molars, twelve-sixteenths, so that the incisor teeth thus gain a clear three-sixteenths, in addition to the increased space afforded by the growth of the maxillæ. The expansion of the alveolar border is considerably aided by the pressure of the teeth during their growth, and by the premature removal of any of the deciduous teeth, and especially of any of the canines, not only is the patient deprived of this advantage, but a tendency to contraction is induced. In my own practice, whenever I have observed that caries has commenced in the crowns of the deciduous molars, I have taken every opportunity afforded me, of filling the cavities with tin-foil; and this treatment has been attended with the best results. In addition to securing a due expansion of the maxillæ, the young patient escapes much pain, and the development of the permanent teeth proceeds uninfluenced by that morbid condition of surrounding structure resulting from the presence of carious teeth. The preservation of the crown of the deciduous tooth does not interfere with the natural absorption of the fangs, so that the eruption of the permanent teeth is not unduly retarded by this practice.

I have applied these remarks especially to the inferior maxilla, because I have observed it to be most frequently selected for mischievous interference, as well as because upon its contraction or due expansion, the form and width of the superior maxilla, and consequently the arrangement of the upper teeth, materially depends.

[From the Boston Medical and Surgical Journal]

PREPARATION OF THE NEW ADHESIVE PLASTER.

"1st. Ordinary commercial gun cotton is not soluble in ether.

"2d. The best formula that we have tried for the preparation of this solution is as follows:—Take of Nitric acid sp. gr. 1.452, Sulphuric acid (Commercial,) each 1 fluid oz.; cleansed and bleached Cotton, 2 drachms. Thoroughly saturate the cotton with the acids, and macerate for twelve hours. Then wash the cotton, dry it rapidly by artificial heat, in the shade, and dissolve it in one and a half pints sulphuric ether.

"3d. Gun cotton, as thus prepared, will lose its solubility entirely, by being kept a few days, or particularly by being exposed to the sun's rays.

"4th. The gun cotton prepared as above, is entirely soluble in the officinal sulphuric ether, though not in the hydrated ether or letheon.

"5th. As many groundless objections to the solution are due to its being carelessly or improperly applied, care should be taken to saturate the fabric used in making the plaster, with the liquid, and to allow it to dry while in close contact with the skin; and where a permanent plaster is required, it is well to apply it over the exterior surface with a brush. When thus applied, a piece of muslin one inch in breadth, and applied over a space of an inch and a half in length, will sustain a weight of ten pounds, its adhesion not being affected by moisture or temperature.

"6th. Some solutions of cotton, though resembling the true *colloidion* in appearance, are found to produce a plaster of inferior adhesive power, and which ceases to adhere on being moistened. Such specimens yield a white precipitate upon drying, which appears to be due to the presence of water. The residue, after the evaporation of the best specimens, is nearly transparent in thin sheets, having somewhat the appearance of tissue paper, and is not readily inflammable."

A New Anæsthetic Agent.—According to the Morgenblad, there has been discovered a new mode of etherization which has been applied with great success. It perfectly replaces chloroform, and what is more important is, that the compound is of a very low price, and very easy to obtain. It is sulphate of carbon, which may be obtained in abundance from wood, charcoal and sulphur, by means of a very simple apparatus; it is used in the same manner as chloroform. It was discovered by M. Harald Thanlow, an apothecary in Christiana, in Norway.—*London Lancet.*

RECORDS OF PRACTICE.

Continuation of the case of Mr. H., from the April Number.

It will be recollected by the readers of the Recorder of the April No., that I cited a new and extraordinary case of diseased jaw, and surrounding parts of Mr. H.—then under treatment, and which has at length resulted in a perfect cure.

I will state that he contracted the cold and subsequent inflammation by sleeping on board a steamboat, his face being exposed to the open window of the berth in which he slept, about nine months since. In addition to the piece of bone which exfoliated on the 9th of last March, opposite the posterior bicuspid, three other pieces have been cast off at different times, the last one from about the middle of the fang of the cuspidatus or stomach tooth, as it is sometimes called, and which is the only place which has not entirely healed, leaving a place where the fang of the tooth is bare, about the size of a wheat-grain, and which, being kept clean, is rapidly closing up.

I mentioned this as a case of disease entirely new, as far as my experience extends, where the teeth had not previously been affected by caries sufficiently to involve the nerves by inflammation. Those teeth do not seem to have suffered, and appear as well as before the attack, proving that they were not the *cause* of the inflammation, and there is not the least reason to believe it was caused by any syphalitic or mercurial agency. There is evidently a loss of substance against the posterior bicuspid, where there was the most disease, and where two pieces of the process were exfoliated at different times. The predisposing cause of this gentleman's affliction appears to be inscrutable, and I will submit the case to the judgment of dental pathologists.

From what I am about to relate, I have no doubt that many will form a theory, or rather hypothesis, that will satisfy *themselves* at least, of the *cause* of my patient's sufferings.

About five or six years ago, I filled a molar tooth for Mr. H., on the opposite side from where this inflammation broke out, (the tooth being very much decayed,) with amalgam, alias Dr. Parmly's poison! (what killed Mr. Ames!!) but being a matter of fact sort of man, and wishing to be thought entitled to common sense, I have most pertinaciously insisted on being directed by my own judgment and experience, and so I use it in such cases as I think best, maugre the opinion and certificates of the "immortal eight" together with the support of other of "the dray-horses" belonging to the A. S. of D. S.

Suffice it to say that the aforesaid tooth of my friend Mr. H., looks and remains perfectly well, and no doubt will continue to do so, as long as he lives. I am perfectly satisfied with it, so is he, notwithstanding the "warnings" which have appeared in the newspapers.

As man's primeval disobedience brought sin and death into the world—wonder if disobeying the "mandates" and behests of the wise and 'learned pundits,' composing the A. S. of D. S., will affect the *recusants* or mankind in general, with any great physical evils?

E. BAKER

MENDING BLOCK TEETH.

About a year since while fitting a set of Mr. Alcock's blocks to the plates, I had the misfortune to break one of them through the hole designed for the pin to support one end of the springs, and being in great haste to finish the set I determined at least to try to mend it. The fracture was oblique, passing through the whole substance of that part representing the gum, and taking off nearly one half of one of the bicuspidæ.

I procured some common jewellers enamel, and having ground it fine in a wedgewood mortar, moistened it with water, and with a camels hair pencil covered the fractured surfaces with the enamel in the same way as though it had been glue or cement. After placing them in juxtaposition, I confined them there by fine platina binding wire. The block was then covered with a thin coating of plaster and sand, and dried and heated slowly over a spirit lamp. I then submitted it to the flame of the blow-pipe until the whole block was raised to a bright red heat. When cool, I found my block for all practical purposes apparently as good as a new one; it was fitted to the plate, soldered, and in all respects treated the same as the others, and to this day is as good as any of its fellows in the set.

Since that time I have tried several experiments with this enamel on fractured teeth, breaking them with the cutting pliers, and afterwards cementing or enameling them together again, in order to test the strength of the joint; and when well done, I have thought them as strong where the joint was as in any other part. I have also used this enamel for filling up the open spaces between the tooth and plate where such an one exists. In this, however, I have not been so successful, as an enamelling, or tooth furnace is required to fuse it properly. Where the space is large, owing to the tooth being too short, I have tried mixing fibrous asbestos, or amianthus, with the enamel, and forcing this into the space so as completely to fill it. The asbestos does not shrink like the enamel, while the fusing of the latter causes the fibres of the former to adhere in a more solid mass. After being once heated it should be allowed to cool, and another coat of enamel covered over the whole mass. It may be necessary to repeat this several times before the whole is completely solidified.

It has long been a desideratum to obtain some substance which will completely fill the space that always exists, more or less, between the teeth and plate. For this purpose gold foil has most frequently been used, but this, unless securely soldered, is soon worked out by the constant spring and motion of the tooth on the plate. Sulphur, gums, and various kinds of cements have

been tried, but all these, besides their liability, like gold foil, to work out, or be dissolved by the secretions of the mouth, give a good deal of trouble if it becomes necessary afterwards to heat the plate for the purpose of repairing any accident, to which they are always liable. It seems desirable that some enamel, or paste may be found which will fuse at about the same degree of temperature of ordinary gold solder, so that it would not be disturbed by afterwards soldering on an additional tooth or clasp, or replacing a broken one.

The above suggestions are thrown out, not so much with the view of assisting others in their experiments, as to call the attention of those, who have heretofore thought little, and done less, to the importance of this subject. I know of several who have for some time past been engaged in this matter, and if by chance any one should hit upon the right thing, I trust for the credit of the profession, as well as for themselves, that it will not be patented, nor kept as a secret.

• A.

RECIPES AND DIRECTIONS FOR ENAMELING AND JAPANNING STEEL HANDLED INSTRUMENTS.

Hard Pearl Colored Enamel. Take of Flint Glass, 6 parts; Red Lead, 9 parts; Pearlash, 2 parts; Saltpetre, 2 parts; Borax, 1 part; Oxide of Tin, (prepared by calcination with common salt), 1 1-2 parts; Calx of Cobalt, 1-16th part. Melt them together in a crucible, and a light blue glass will be obtained, which must be powdered and ground with water very fine. Enamel the handles with a camel's hair pencil, and submit them to a brisk fire in a muffle furnace, and a beautiful, smooth, even pearl-colored handle will be produced. For a pink, or rose color, use rose pink, with a small portion of Armenian Bole.

White or, Ivory Japan. Dissolve gum Shell Lac, 1 oz.; Seed Lac, 2 oz.; in boiled Linseed Oil, 5 oz., over a slow fire, until the Lac is all taken up by the oil, it can then be thinned with spirits of turpentine to the consistency of cream, when it will be ready for use. For white, rub into the varnish in a wedgewood mortar as much dry white lead as will give it a body sufficient to cover the steel. To produce other colors, Vermilion, Prussian Blue, or Dutch Pink may be used. Enamel with a camel's hair pencil smoothly, and submit the instruments to a gentle heat in an ordinary stove oven for half an hour. Should more than one coat of the varnish be required, after repeating the same, they should be placed in the oven and remain under a slow heat for six or eight hours.

C. D. BROWN.

The Parmly and Baker Controversy.—We have received a communication from Dr. Parmly, correcting one or two statements in Dr. Baker's last, which we shall briefly notice in our next.

NEW YORK DENTAL RECORDER.

AUGUST 1, 1848.

PARMLY'S ADDRESS.

An Address delivered at the Eighth Annual Commencement of the Baltimore College of Dental Surgery, by ELEAZOR PARMLY, M. D. D. D. S., accompanied by a specimen-sheet of a Register of Dental Operations, by the same AUTHOR.

Dr. Parmly commences his address by a glowing eulogium upon some of the eminent dentists of the past generation, among whom, he enumerates Gardette, Hudson, Hayden and Randall, but dwells principally upon the merits of the late Dr. Hayden, of Baltimore, who was one of the most active of those engaged in founding the College of Dental Surgery, and in organizing the American Society of Dental Surgeons. We had not the pleasure of an acquaintance with Dr. Hayden, but suppose from what we have heard of him and gathered from his writings, that he was a man of some cleverness as a dentist, and possessed of a strong and zealous disposition to do all in his power to elevate the standard of professional education, and promote fraternity among the members already established in practice. With these ends in view, he labored with his cotemporaries Dr. Harris and others, to found the College and establish the American Society. Alas, that he should have been taken away just at a time when wiser heads than those who now have the direction of affairs in that society, were needed to avert the fatal effects of the fire-brand which was thrown into it. We do not believe that Dr. Hayden, had he lived, would have countenanced the fatal and arbitrary proscription which has since been carried out, to the utter disgrace if not ruin of that society, if so he was unworthy of the honor and respect with which his memory is now cherished.

Dr. Parmly dwells upon some of the advantages to be derived from a course of instruction in a Dental College, such as a thorough education in the principles of the dental science, scorn and contempt for all kinds of malpractice, the advantages of an honorable professional course and a correct knowledge of who are the eminent men in our profession, and who the knaves, and he here enumerates several in Europe and America "who have attained professional success which has ranked them amongst the most prosperous, useful and happy of mankind," among the names selected, are amalgam and anti-amalgam men, one who has been expelled from the A. S. of D. S., for malpractice, and the one who moved his expulsion. Another who stands

suspended and several we believe, whose "professional honesty" is to be inquired into by the Recording Secretary, and reported at the next meeting. That Dr. Parmly, who has no confidence in the professional integrity of those who use amalgam in their practice, should class such men as Brewster and Cartwright with Flagy and Westcott as men ranking among the most useful and happy of mankind, is, to our mind, an inexplicable inconsistency. We believe that the two former are worthy compeers with any named by Dr. Parmly, but it is because we think that a man may be *honest*, (although perhaps mistaken,) and still use amalgam.

Among the qualities which insure success to the honorable dentist, Dr. P. enumerates strict integrity and persevering industry, and he urges these traits of character upon his readers with much earnestness and eloquence, as the beauty and strength of character, possessing which a man cannot fall but must continue to rise perpetually.

He pays a well-merited compliment to the B. C. of D. S., and to its zealous and able professors, and indulges the confident hope that its usefulness will continue to increase. Throughout the whole address, Dr. P. seems to have kept sight of the great principle which all students imbibe from their alma mater, the true *esprit du corps*. It is this which gives superior fire and energy to the graduates of West Point while on the battle-field. To the graduates of our academies, medical colleges, theological seminaries and schools of law, this social literary and professional life for a term of years, gives a community of feeling, a generous emulation, a true professional spirit which is unknown to those who are educated in solitude. This spirit and feeling prompts them to recognize in one of the same profession a friend and brother, and incites them to extend to one another not only the hand of fellowship, but the mantle of charity. Would that Dr. Parmly possessed more of it himself.

To the graduating class Dr. P. gives much excellent advice, interesting and useful not only to them, but to all who are toiling for honorable distinction in dental surgery. If our limits permitted, we would gladly publish this part of the address entire, we may hereafter do so, suffice it for the present to say that it fully justified the affectionate title of *Kind Father*, which was given to him by one of the graduates who responded, and is replete with that kind affectionate advice which a father would naturally give to his son, when about to launch his frail skiff upon the broad ocean of useful and honorable enterprise.

On the whole we have been much pleased by the perusal of this address. Although it has been our lot, and as we believed our duty, to contend against the principles advocated by Dr. Parmly in the American Society of Dental Surgeons, upon the question of the use of amalgam, yet we have never doubted but what he had the true interest and honor of the profession at heart, and has ever been ready to exert his influence in favor of a strict line of honorable practice and high professional morality. If any one has doubts upon this subject,

let him read the address now before us and we think he will have good cause to change his opinion.

The blank sheet of a Dental Record is a very convenient and economical method of keeping a correct memorandum of all operations performed by the dentist. It may be bound in volumes of any desirable size, to suit the convenience of the operator.

An Address delivered before the Society of Dental Surgeons, of the State of New York, BY J. G. AMBLER.

We have requested permission of Dr. Ambler to publish the following extracts from his address, which was listened to with so much gratification by the society. We would publish more, if our limits allowed it. After alluding to the excellent constitution of the society, which was framed by a convention of all the dentists in the state, he thus alludes to several "Old Hunkers" who were very active and solicitous about the formation of the constitution; but who have since taken no interest in the society, and not one of whom has ever applied for membership.

We must not forget to return our thanks to those *benevolent and disinterested* individuals who came among us to do us good, to place us on the right track, and to use the words of one of their number, "to deprive the insect of its sting," (which they say is accomplished) then left us like

" Those patriots of old, who, be it understood,
Left their country for their country's good.

I say let us be thankful for the services rendered us by these individuals, and rejoice that we have such high and exalted testimony in our behalf as they have given us, for if deprived of the means of doing harm, may we not hope if possible for us to do some good, even without the help and sage-like counsels of these dispensers of that wisdom which has hitherto been confined to the great Society and its distinguished head.

Let us appreciate the compliment thus sneeringly bestowed, and determine that we will not permit any act of ours to "leave a sting behind." Let the spirit and temper of our deliberations be such as to convince them and ourselves that we are not governed by the low and sordid motives of self; but that we have nobler and higher ends in view. Our Society is established upon a broad foundation; our principles are liberal, and our aim is the improvement of all, not the aggrandizement of a certain few. We wish, and are determined, to elevate the profession as far as in us lies, and there is every reason to believe that with union and energy our efforts will be crowned with success.

Dr. A. next gives a rapid glance at the great improvements which have been made in the dental art, since it first began to be practised as a distinct branch of surgery; but arrives at the conclusion that notwithstanding the great perfection to which our practice has been brought, the work of improvement must still be carried on. The following extract shows the only way in which this work must be done.

By the exertions of those high-minded and honorable members who are willing that the profession should enjoy the benefits of their investigations. Who are willing to contribute their mite to the Treasury of Knowledge, only asking in return, "Measure for Measure." In short, gentlemen, it is impossible to elevate our profession in the

minds of the public without the determination of *all* to improve and benefit *all*. We must forget self, and consider ourselves as members of *one common family*, and feel it incumbent upon each to strive for the promotion of the best interest of the whole. It is only by *experiment* that we arrive at anything good, or effect any improvement, but let us all enjoy or participate in the benefits of those *experiments*. I say the art or profession will continue to advance, and the all important question for us to decide is, how can we *facilitate that advancement*.

The importance of associated efforts for the elevation of our profession is then enforced upon the minds of the audience with much truth and earnestness, and the superiority of it over individual effort is summed up in the following extracts.

1st. An Association of Dentists in this State will bring the various members of the profession into personal contact, which will tend to make them better acquainted with each other, and thereby diminish those jealousies and misunderstandings which most frequently proceed from our ignorance of each others' character and claims. It will beget habits of mutual respect, and establish a system of professional etiquette, which cannot but be in the highest degree beneficial to its members, and tend to improve their standing with the rest of the community.

2d. It will diffuse intelligence among the whole body, by enabling the best and most advanced minds to become the instructors of others, so that any new discovery in practice, or any improvement in the method or implements of manipulation, might first be tested by the Society, and if found useful be put in possession of the whole profession, for the benefit of their fellow men.

The discoverer, inventor, or adapter, would receive a due reward in the approbation, or even the more *substantial thanks* of his brethren; while the whole would be enabled to profit by the progressive genius of the age. At the same time all injurious and improper practices which are sometimes resorted to even by honest inquirers, and considered great improvements, could early be brought to a practical test, their worthlessness exposed, and the whole profession, as well as society, saved from the ill consequences of mistake and quackery. Man is not always qualified to attain the highest excellence in every branch of his profession. He has neither the means nor the time to perfect himself in every process. Yet it is well to observe that the very points in which he is deficient, others may excel in, so that by being brought into friendly professional relations with them, his defects are remedied and his wants supplied. It is like giving him new senses and new hands. He acquires the results of other's experience, and as a return he imparts the results of his own. Both are reciprocally benefited, and a new tie is at once cemented between them. Who does not feel the importance of this noble consideration?

3d. An Association of Dentists will elevate the profession in the eyes of the public, it will give them strength, harmony and respectability, whilst it will enable them to guard against those irregular and *peripatetic* professors who know nothing of what they profess, except to bring it into disrepute by their blunders and want of character. It will enable them to present a bolder front to the secret shafts of calumniators, and the humbug pretences of would-be-chiefs and dictators. *Understand me here; I would not make a Society of this kind an institution to persecute all who do not come up to its standard. I would not make it a Procrustean bed on which to measure those who may please to join it, but I would make it a point of friendly re-union for all who honor their profession, who would enlarge their knowledge of its resources, who would elevate it in the public confidence and estimation, and who would place it on the same rock and level with its twin sisters, Medicine and Surgery. Already has it suffered enough from the divided action of its pretended friends. Let us retrieve it from the bad influences of the past, let us give it a name and a position in the general esteem. Its utility no one disputes; its honorableness is beyond all question; and all that is needful is for those who belong to it to act worthy of their calling and to maintain its dignity as well by their private conduct as by their professional skill. But in order to do this, we must be united; we must be agreed; we must labor together; we must all pull one way; we must go forward as one man, our hands are at the plough. "Remember Lot's wife."*

These gentlemen are some of the many benefits resulting from association. Whether we shall share those benefits and privileges remains to be seen.

Our bark is now upon the waters, we now are fairly before the profession and the public.

The sneers on the one side, and the misgiving on the other have not as yet I trust, impaired our strength, nor diminished our confidence in the ultimate success of our undertaking.

And let it ever be our aim to prevent that accomplishment.

PATENT ENAMELLED GOLD PLATES.

The following is the specification of Levett and Henry's patent, dated 18th September 1847.

To all whom it may concern: Be it known, that we, Morris Levett and Henry Davis of New York, in the county of New York, and state of New York, have invented a new and improved method of concealing the fastenings of artificial teeth, and the plates to which they are attached, and they do hereby declare the following to be a full, clear and exact description of the same, reference being had to the annexed drawings, making a part of this specification.

The nature of our invention consists, *first* in providing a coating of Japan or other substance to represent the color of the gum or skin of the mouth, and with this we cover the exposed surfaces and parts of the setting of gold or other material for fastening the artificial teeth, and holding them in place; by which the exposed parts are made to correspond in color to the skin of the mouth and gums, and thereby prevent the exposure of the settings and fastenings when the mouth is open. *Secondly* in the preparing a varnish or other material, and applying the same to the settings of artificial teeth, so as to cause them to represent the color of the mouth or gum.

We prepare a compound which may be called a varnish japan, or other name as follows: Two parts each of equal quantity of gum shellac, and linseed oil, and by heat dissolve the gum in the oil, a small quantity of the spirits of turpentine being put in to aid the solution of the gum, when these are reduced to a soft state they may be ground up together with oxide of Bismuth, Chinese Cinnebar and Cabalt, in sufficient quantities to give the required color, which may be varied by the proportions of each of these last named articles used. The whole being well worked together with a stone and mullet or pallet knife, may be softened with spirits of turpentine at discretion. The material is ready for the plates in the above state, and is then to be applied to the plates with a soft brush, or otherwise, so as to completely coat the desired parts with the varnish. The articles are then submitted to heat until they are baked perfectly dry, and the coating then adheres to the metal as a part of itself. Coat after coat may be thus put on, one on top of the other, until the desired color and thickness of coating shall be obtained to correspond with the color of the gums and the mouth. The settings being thus coated to represent the other parts of the mouth, the teeth appear as if natural, as it would be almost impossible to discern the settings when thus coated and inserted in the mouth.

What we claim as our invention and desire to secure by letters patent, is the japaning or otherwise covering the setting or foundations of artificial teeth, in such manner as to disguise the setting so as to represent the gum or natural skin of the mouth, as nearly as possible, whether the same be effected in manner described or by equivalents substantially the same. We also claim the herein described japan or varnish, and the method of compounding and applying the same to the settings of artificial teeth.

WITNESSES.

A. J. ANDREWS. }
H. M. WILLIS. }

MORRIS LEVETT.
HENRY DAVIS.

It will be seen by reference to the proceedings of the last meeting of the Society of Dental Surgeons of the State of New York, that Dr. Levett then exhibited to the Society a specimen of his plates which were coated with a gum colored *enamel*, and not with the japan made from the above recipe. We examined this specimen and were pleased with the appearance of it, but

doubt whether it will stand for any length of time, when worn in the mouth and subjected to the severe test of masticating upon the teeth. We observed that when the plate was bent the enameling flaked off, leaving the plate exposed and a rough edge around, which must be very unpleasant and irritating to the tongue when in contact with it. There are a few cases, however, in which we think that this enamel may be made to answer an excellent purpose, and these are where the gum on the front part of the upper maxillary, is so prominent and full that the gold plate is liable to be exposed to view, and cannot be covered with the ordinary gum teeth. In such cases, as well as where the ends of clasps around front teeth are exposed, a coating of enamel answers an excellent purpose. The enamel, in some respects, is a decided improvement over the japan described in the above specification.

The patentees "claim the invention of this jappanning, or otherwise covering the setting on foundations of artificial teeth in such manner as to disguise the setting so as to represent the gum, or natural skin of the mouth." Let us examine this claim for one moment. It will be observed that it covers, not only the *method* herein described, but also the *principle* or idea of covering gold plates to make them resemble the color of the mouth. The following is taken from the professional card of one of the patentees. "Dr. Levett, Dentist, the first who introduced the principle of atmospheric pressure for inserting teeth, (?) has invented and patented the *great desideratum* in Dentistry." By a desideratum we understand that which has long been desired, "any perfection or improvement which is wanted;" the very fact that this improvement has long been a desideratum among dentists deprives the patentees of any right or claim which they may have to its invention or discovery, unless they were the first to conceive the idea of covering plates in this manner. Neither can they by any patent hold the exclusive right to cover plates in this way, unless it shall appear that the principle has never been made public until they invented it. Their own japan or enamel they are entitled to as well as their own peculiar method of coating plates; but we cannot conceive upon what principle of law or justice they can deprive others of the right to labor, on endeavoring to accomplish that which has for twenty years and more been considered "the great desideratum."

Many years since the French Academy offered a premium for a silicious, or other kind of paste for filling carious teeth which should possess certain properties, in short, one that could be put into the cavity of the tooth in a soft and plastic state, possessed the property of afterwards hardening and assimilating in appear-

ance to the texture of the tooth, and which would effectually preserve them from further decay. This has long been a desideratum. Now suppose that Levett and Henry were to discover a paste possessing all the above properties, could they by securing a patent upon that paste secure also to themselves the exclusive right of filling carious teeth with all and every kind of paste? If not, upon what principle of justice can they arrest the course of experiments which others have been pursuing for years to accomplish in their own way what Levett and Henry have done in theirs.

In 1836 or 1837, Dr. D. C. Ambler tried various experiments to coat plates with enamel and succeeded in doing so; some of them were worn for several years, until the enamel all flaked off. Five or six years since Hawes and Allen made various attempts and partially succeeded with the same thing. A japan, or varnish has also been made by dissolving gum shellac in sulphuric ether, which will do very well, but requires to be renewed from time to time.

We have often heard dentists express the opinion that a covering of this kind would, in many cases, be a great improvement. It is no new thing among them, although the practical difficulties have been so great, that no one to our knowledge has been able to bring it to any degree of perfection. Although opposed to the principle of patenting inventions and improvements in dentistry, we do not by any means wish to deprive Levett and Henry of any right which they may have in a case of this kind. They are entitled to the credit of producing the best article of the kind which we have ever seen, and if it proves to be a valuable article in the construction of substitutes for the natural teeth, and the profession can have the right to use it in their practice for a reasonable compensation, they will have added their mite to the advancement of a useful art.

The following are the advantages of covering gold plates in this manner, as set forth by Dr. Levett. "A perfect imitation of the gums, roof and interior of the mouth, which completely disguises the setting of artificial teeth, rendering the gold and clasps to which they are attached totally invisible. The composition covering the plate is harmless and agreeable, and entirely prevents galvanic action or metallic taste in the mouth, preserving the plate from all acids, and is entirely free from the imperfections hitherto attending the inserting of teeth." Considerable time is required to test the value of improvements of this kind; but we may safely say that if one half of the advantages enumerated above are secured by this invention, it is worth double the money which they ask for it.

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REGULATING CHILDREN'S TEETH—By J. S. WARE.

(Continued from Page 204.)

THERE is one kind of deformity which may be partially, if not wholly overcome by the early extracting of two or more of the incisor or bicusped teeth.

I refer to those cases where the upper jaw projects to a great degree over the under, with long and broad teeth, which the lip is not large enough to cover, without an extra effort. All such cases can be very much improved by the extracting of the lateral incisors, after which a gold plate should be so adjusted to the roof of the mouth and teeth, as to force the central incisors gentle inwards. I have preferred in these cases to remove the lateral incisors, rather than the bicuspeds, for two reasons; first, when the bicuspeds of the upper jaw are removed, it often happens, that the lower bicuspeds, when masticating, will strike the eye teeth in such a manner that they will be held firmly in their places, which prevents them from falling back into the places occupied by the bicuspeds which have been extracted. Secondly, the deformity is remedied with more certainty, and less inconvenience to the patient, when the laterals are removed, by causing the absorption of that portion of the jaw where the deformity exists.

The success of the Dental Surgeon in removing deformities, very much depends upon his ingenuity and judgement in arranging the mechanical apparatus in its first application, and in altering it from time to time to meet the necessity of the case. I have for many years adopted the following plan, which has, in my hands, been successful, and which has produced little or no inflammation in the teeth which were changed in their positions.

I make a thin gold plate, (No. 30,) to fit the arch of the superior jaw, and the inside of all the molar and bicusped teeth, fastening it with clasps passing round the second bicusped and sometimes round the first molars. It should be made to be worn with ease, and to be easily removed by the patient. The plate should be stiffened by soldering

a narrow piece of gold across the centre. To the plate thus fitted to the roof of the mouth and teeth, I fasten pieces of gold of greater thickness than that which the plate is made of, (No. 28) to correspond with each tooth which I wish to alter, and of the same width, and if the tooth is to be carried inwards, the plate of gold should be fastened the distance of one line from the tooth, and a ligature is to be attached to it, and to pass round the tooth to be pressed inwards. The ligature may be made of floss silk, or India rubber; if floss silk is used it must be tightened every day—if India rubber, every third day will be sufficient.

But when the teeth are to be carried outwards, the plate of gold should be fastened close to the teeth, and made long enough to project below their points, so that when the patient closes the mouth the teeth of the lower jaw will strike the back of the projecting plates of gold, which will force the teeth outwards. These plates of gold which correspond with the teeth to be changed in their position, must be altered from time to time, as the teeth are pressed outwards, so as to keep up a continued pressure upon them, until they are carried to the desired place, after which the plate should be worn at least three months so as to hold the teeth in their position until they became firmly fixed.

If the bicuspedes are to be carried outwards, the plate must be made to fit so closely to the inside of the teeth that it will require considerable force to pass the plate into its place, and if this does not remove them, as far outwards as may be desired, another piece of gold must be soldered on to the plate next to the tooth, after it has been worn three or four weeks; and the same operation may be repeated if it should be required.

Cases may occur where it will be found difficult to sustain the plate in its proper position. In such cases a piece of gold should be fastened to the plate inside of the first bicusped, the shape of the capital letter L, projecting downward a little below the tooth or teeth, so that the bicusped of the under jaw will come in contact with the plate of gold before it does with any of the other teeth, this will effectually keep the plate from dropping. In cases where there is space sufficient, between the bicuspedes, to admit a thin plate of gold, I fasten a thimble to the plate instead of the piece of gold in the shape of the capital L, which completely encircles the teeth, and forms a very firm standard for the under teeth to press against. If the bicuspedes are to be pressed inwards, a ligature should be applied in the same manner as described above for the incisor teeth.

The plate must be removed immediately after every meal, and faithfully cleaned. The teeth of the patient should also be brushed at the same time, during the whole time of regulating, and a tonic astringent wash composed of Tinctures of Cinchonia and Catechu, equal parts, and Tincture of Myrrh, half a part, flavored with a few drops of Oil Sassafras, will also assist much in hardening and strengthening the gums.

PATHOLOGY OF TOOTHACHE.—BY DR. HEILDEN.

Toothache may depend either upon congestion, inflammation, or a lesion of innervation. 1st. *Congestion* ; *this may have its seat either in the membrane exterior to the fang of the tooth, in that lining its central canal, or in the ganglion, which supplies the tooth with nerves.* Congestion, when seated in the lining membrane of the fang, may be known by lancinating, throbbing pains, which are increased by any excitement of the system ; these pains are variable in their character, sometimes lasting but for a few minutes, and again for as many hours, they are generally increased, towards evening, and when the patient is in bed. The tooth, whose lining membrane is affected, is sensible to the touch, or to pressure, and frequently conveys the sensation of being somewhat above the level of the surrounding teeth.—The frequent application of cold water to the affected tooth is one of the best means of cure that can be adopted in this form of odontalgia. 2d. *Congestion in the lining membrane of the canal, and of the dental nerves.*—Toothache dependent upon these causes may be distinguished from the variety just described, by the tooth not being painful on pressure nor conveying the sensation of prominency over its fellows. It may also, be distinguished by the effect which cold water produces upon it ; if the tooth be carious at the crown, cold water immediately gives relief, but if it be not so, the pain undergoes an exacerbation for sometime, but under the use of the remedy it eventually disappears. Young, plethoric persons, and pregnant women, are those most subject to this form of toothache. In obstinate cases, besides the local application of cold water, it may be necessary to use the foot-bath, and administer purgatives. Where caries of the tooth exists along with this form of congestion, timely plugging must be had recourse to. All stimulants, such as the tinctures in common use for curing toothache, must be avoided here, as they only increase the mischief. *Inflammation.*—This process when occurring in the teeth of a healthy individual, will produce the phenomena of healthy inflammation in any other part of the body ; in individuals affected with gout, rheumatism, or scrofula, it will present the specific character of these diseases. Inflammation of the internal lining membrane of the tooth-fang (periodontitis,) occurs much oftener in carious than in healthy teeth ; it is characterized by a dull aching rather than actual pain, from which the patient fancies he obtains relief by pressing his teeth strongly together. This dull aching after sometime is exchanged into an acute, *boring* pain, which extends to the neighbouring teeth ; at this stage, the affected tooth seems more elevated than its fellows ; and this sensation prevents perfect closure of the mouth, and to a great degree interferes with mastication. In some cases this local inflammation causes severe headache, and general febrile irritation. In this state, if nothing be done to check the local inflammation, this acquires greater intensity. The acute boring pain is now changed into a dull aching, atten-

ded with throbbing, if the gum about the affected tooth be examined, it will be found intensely inflamed, the tooth itself is *now* visibly longer than the surrounding ones and loose; pressure makes the patient feel as if it were about to start from its socket. All these are evidences of suppuration at the root of the tooth, and if it be now extracted, a drop of matter will be seen attached to its root. In cases of intense inflammation of the tooth-fang, the process of inflammation may not be terminated by the formation of matter; inflammation proceeds outwardly to the gum, the alveolus is absorbed, and a portion of the matter formed at the base of the tooth is thus evacuated when the opening in the gum closes for a short time, until the matter again accumulates. Thus a sort of fistula is formed which can only be healed by the extraction of the tooth. The mischief may not be confined to the root of the tooth alone—which becomes absorbed at its extreme point and roughened—but may also extend to the jaw-bone and render it carious. It sometimes happens that the cyst containing the pus at the root of the tooth becomes changed into a mass of pappy consistence, which, comes away with the tooth on the latter being extracted. The treatment of this variety of odontalgia must be strictly antiphlogistic.—Should the local application of cold fail in completely removing all the symptoms, leeches must be at once and freely applied to the gums. Where suppuration seems inevitable, gently diaphoretic treatment with fomentations of warm water, or warm decoction of poppies, or marsh mallow, or a solution of extract of henbane, in the proportion of five or ten grains to four ounces of warm water, will be found to assist materially the maturation of the abscess; as soon as the pus has been evacuated, the diseased tooth must be extracted. It very often happens that a great number of the teeth are loosened, without any mechanical cause; this may depend either upon a sub-inflammatory affection of the lining membrane of the alveolar process, or upon that form of cynanche, denominated “Parotidea.” In the latter instance time alone will effect a cure; the former requires for its cure repeated application of leeches over the affected portions of the alveolar process.—*Wiener's Zeitschrift.*

GUTTA PERCHA.

GUTTA PERCHA, (pronounced gutta perrsha,) is a Malayan term, signifying *ragged gum*. It has been applied to the concrete juice of a large tree, growing abundantly in Malacca, Singapore, Borneo, and the adjacent countries.

The existence and proprieties of this vegetable juice were first made known to Europeans by Dr. W. Montgomerie, in a letter addressed to the Bengal Medical Board, in the year 1843; and so important was this information considered, that he was awarded a silver medal by the Scottish Society of Arts, and a gold one by the Royal

Society of Arts of London. Specimens of the plant have since been taken to England, and are to be seen in the Royal Garden at Kew.

The tree from which the Gutta Percha is obtained is described as belonging to the natural order *Sapotaceæ*. It attains a large size, being from sixty to seventy feet in height, and varying in diameter from two to six feet. It grows in alluvial tracts along the base of the hills, where it flourishes luxuriantly. The timber is not very appropriate for building purposes, it being of a loose and open texture. The fruit which it bears yields a concrete oil, used for food among the natives.

From the sap of this tree the gutta percha is obtained, each tree yielding from twenty to thirty pounds. In order to procure it, a very wasteful plan has been adopted, and one which, if carried on for any considerable length of time, must effectually put a stop to the exportation of the article. The trees are *cut down*, and incisions are then made around it, at intervals of eighteen inches or two feet from each other. The sap flows from these incisions, and is collected in receptacles such, as cocoa-nut shells or gourds. *Topping* the trees would be, in the end, much more economical although a smaller quantity of juice could thus be obtained at any one time, yet the tree being left would afford fresh supplies for years. When a sufficient quantity of the sap has been obtained it is boiled. This operation drives off the watery particles, and the juice then concretes, assuming the consistence which it has when exported. When collected in small quantities, the process of boiling is unnecessary, as it will spontaneously concrete, in a short time. As received here, it is generally in scraps, or in rolls of thin layers, and often contains impurities, such as sawdust, &c., which are removed by appropriate means.

When pure it is of a greyish white, or pale yellow color. At a moderate temperature it is nearly as hard as wood, but will receive the impression of the nail. It is very tenacious, and possesses no elasticity. But its striking peculiarity, and the one in which it differs most essentially from caoutchouc, or India Rubber, is the most remarkable effect produced by submitting it to the action of heat.—When placed in water at 110 deg. no effect is produced upon it, except that it receives the impression of the nail more readily; but when the temperature is raised to 145 deg. or upwards, it gradually becomes so soft and pliant as to be capable of being moulded into any form, or of being rolled out into long pieces or flat sheets. When in this soft state, it possesses all the elasticity of common India-Rubber, but hardens as it cools to its former rigidity. It may be thus hardened and softened any number of times without injury to the material.

Analyses have been made to determine whether this substance was not in reality a variety of caoutchouc, and the results were sufficiently near to warrant the conclusion that the articles were generically the same. Both, on destructive distillation, yield the same product,—a clear, limpid, yellow oil. Both are soluble in Coal-Naphtha, and in Ether.

As to the uses of this article, Mr. Oxley, a surgeon, resident at Singapore, states that the natives employ it for whips, buckets, basins, jugs, shoes, traces, knife and door handles, &c. It has also been found a very useful article for splints for the treatment of fractured limbs, since it can be very accurately adjusted to the part when warm and becomes hard and firm as it cools. When used for this purpose a sheet of the substance, about a quarter of an inch in thickness is employed. It does not become soiled, or saturated with fluids, and may be so arranged as to exclude the air from the part which it is designed to protect. It is also extensively used in the manufacture of hose, gas pipes, belting for machinery, coating for telegraph wires, and a great variety of other purposes.

The first specimens of Gutta Percha brought to this country arrived here about fifteen months ago. They were introduced as curiosities merely; some canes and whips having been brought from Singapore by a seaman belonging to this port. One of the whips being presented to a scientific friend of the writer, was shown by him at a meeting of the New York Academy of Medicine, where it attracted considerable attention, particularly as being of use to surgeons in a variety of ways.

The history of the article and its uses, as explained on that occasion, was probably the first account ever given in this country; as no specimens had previously been exhibited, nor is it known that any notice had been taken of it in any of the scientific journals on this side of the great water.

Gutta Percha as well as many other substances, being soluble in Chloroform, a series of experiments is now in progress in this city, which will, in all probability, result in the discovery of a compound which may be applied to a new and still greater variety of useful purposes.—*Day Book.*

NERVOUS TOOTHACHE DURING PREGNANCY.

It is often difficult to say whether this frequent and distressing affection of pregnancy originates in a state of nervous excitation of the whole jaw, or in an actual inflammatory affection of one or more of the teeth. When it is very sudden in its attack, and extends rapidly over various parts of the face and jaw, selecting no particular tooth, it is probably not connected with inflammation, as that process would render some distinct spot the necessary seat of the pain.

In this variety the remedies may be of a general and soothing kind. The head and body must be kept warm. A small quantity of the extract of Belladonna, about the size of a pea in bulk, may be rubbed up with a teaspoonful of water, and applied freely on the skin over the affected part. It should never be taken inwardly, or applied to the gum itself, as it is very poisonous. Laudanum will answer occasionally the purpose, though some times one will relieve when the other will not.

The compound tincture of valerian, in doses of a teaspoonful in a wine glass of water, every hour or so, will often sustain a nervous system, and mitigate the affection; or a glass of wine may be taken as a substitute. The patient will soon discover if it agrees with her, and can be governed accordingly. A small blister behind the ear will often relieve when everything else fails. Low diet, which is often adopted, is not always a wise measure;—the patient should eat what she desires. If she can bear a generous diet, it will do much towards mitigating her symptoms; for there is no doubt that a few days' continuance of "nervous toothache" will soon render the supporting treatment indispensable.

But it is often the case that a decayed tooth gives rise to the pain. In such instances it is always combined with more or less of inflammation, and will not yield to general remedies. Should there be what is called a gum-boil at the root, it must be opened with a lancet; because it often contains matter which ought to be evacuated. If no matter appears, the slight incision will do no harm, but produce relief, by the evacuation of blood it will occasion. The means directed for the first, or nervous variety, may be applied to this; indeed, they usually precede the call of the physician. A variety of more decisive remedies may be applied by him, particularly if the stomach requires attention, which it frequently does; but it often happens that nothing but the extraction of the tooth will produce relief. This may generally be done with far less danger of causing miscarriage, than is sure to follow that exhaustion and irritability of the nervous system always the result of a protracted toothache. A skilful dentist is therefore often the best proscription.—*Woman and her Diseases.*

Chinese Dentist.—The dentist pitches his tent on arriving, and unfolds to the admiring crowd a huge scroll, on which, at the left side, are set forth his home, place of birth; &c.; the rest of the scroll speaks of his fame and skill in cleaning, curing, and a knowledge of the mouth in general; if this fails to obtain a customer, he opens box after box, producing hundreds of human teeth on which he lectures, declaring each large and decayed tooth to have belonged to a prince, duke, or high mardarin, who honored him with his patronage, and saved himself from the most terrific tortures. Should a bystander at last be attracted and offer his mouth for inspection, the instruments are produced, and if extraction be required it is done with much expertness; he shows the instrument to the crowd, describes its use and power, and as illustration of it, draws the tooth, while the sufferer imagines he is merely going to show how he would do it. If cleansing is required, he exhibits his instruments one by one, alternately; after the operation is performed he recommends his powders. Thus he continues, until having remained a short space without a customer, he packs up and moves on.

RECORDS OF PRACTICE.

[From the Dental Register.]

Letter from J. Y. Shirley, Dentist, to St. Louis Editor.

JACKSONVILLE, MAY, 1848.

DR. B. B. BROWN,

DEAR SIR :—There is perhaps nothing appertaining to the Dental profession involving more importance to the patient, and demanding more skill of the operator, than the construction of artificial palates and obturators, so as to remedy the defects for which they are intended. To see one of our race, wearing the human form divine, and yet, that form so marred as to render the possessor an object of disgust to himself, and of sympathy to his friends, excites in the professional man emotions like those possessed by Him who came to earth, a lost world to save. And, though the operator cannot perform a *miracle* in this matter, yet he can, in many cases, render a benefit to the deformed and afflicted, compared to which, silver and gold are as dross.

As you honored me with an invitation to contribute something for the Dental Register of the West, I have determined to send you a short history of one of those cases to which I have alluded. Not that much more important operations have never been published, but, because they are of rare occurrence, and hence, I feel it a duty to cast in something, if but a mite, in order to interest the profession, and if possible advance the cause. Leaving you to be the judge of its value, I proceed to the case. Joseph, aged 17 years, son of Mr. B. C. Johnson, of Palmyra, Mo., lost, at the age of three years, the anterior portion of the superior maxillary bone of the left side, and the corresponding half of the upper lip, in consequence of the abuse of mercurial medicine. The mouth and left nostril were thus constantly exposed to view. His physiognomy was greatly changed and rendered even hideous, while his articulation was necessarily very imperfect. On March 9th, 1845, Dr. D. Prince, Professor of Surgery in the Medical Department of Ill. College, undertook the case by dissecting the fragmentary lip of the right side freely from its bony attachments, and also releasing the cheek of the left side from its connection to the bone beneath—removing its opposite edges with a bistoury upon a wooden spatula, as for hair-lip, and bringing the incised edges together by interrupted sutures. Thus the union was perfect, drawing, of course the left angle of the mouth too far toward the median line. Thus far there was an improvement, but still a communication was left between the mouth and left nostril. On Oct., 29th, 1847, the Doctor operated after the manner of Mutter, to extend the oral opening on the left, by making two incisions an inch in length, parallel with each other, and one fourth of an inch apart, removing the skin and muscular substance, and then dividing the mucous membrane by a simple incision, making a mucous covering for the (intended) incisors, and preventing, as far as possible a diminution of the size of

the mouth by the granulations at the angle. The mouth was thus made nearly symmetrical, but the communication between the mouth and nostril still remained. On Nov. 15, 1847, two incisions were made opposite the opening from the mouth to the nostril, removing a triangular portion without completely detaching it, scarifying the surface bounding the orifice, thrusting a ligature through the triangular slip—carrying it upwards and forwards through the nostril by which the orifice was filled. The lip was then closed by interrupted sutures as before, with perfect union. The lip however appeared too flat upon the affected side, from the want of an alveolus and teeth, to remedy which he referred the patient to me. I extracted several teeth, filled such as could be saved, gave him appropriate remedies for his gums, and advised him to defer any further operation for several weeks. After a few days his anxiety to return home became so great, that he insisted I should proceed, and, if his teeth did not do well, he would return, to which I consented. I proceeded to obtain the cast of the superior arch in the usual way, except the wax impression was made to fill the arch entire, and finding the parts which had been brought in to fill the cleft palate necessarily very irregular, and not yet completely united—constructed a complicated artificial palate, by which I mean, a plate to cover the soft parts alluded to, and attach the artificial teeth by extending it posteriorly in an oblong form, and anteriorly so far as to supply the lost portion of the alveolus, that when the operation should be introduced, the lip might be elevated to its wonted position. This was made of 20 carat gold, and one third thicker than usual for artificial purposes, to give more permanent support to the teeth, and that it might not yield to pressure made upon the palatal portion where there was no bone. The central incisors, left cuspidate and first bicusped were wanting. I proceeded to supply them, leaving out the bicusped, as the parts were somewhat contracted. Two clasps were then made of 18 carat gold, taking hold of the first molar on the right, and remaining bicusped on the left. The crowns of these teeth were so low they could not be of much use, in addition to which the plate was adjusted upon the suction principle. This artificial contrivance was introduced in presence of Judge D. P. Henderson, at whose house Mr. Johnson stayed. He called upon him to pronounce several words involving the dental sounds, which he did very well. He said he had several times tried him with the same words which he could not pronounce so as to be understood by a stranger. The young man turned to the glass and expressed himself much pleased with his personal improvement. I have heard from him several times recently through his friends, to whom he expresses himself much pleased with the important services rendered him by Professor Prince and myself.

Very Respectfully,

G. Y. SHIRLEY, *Den. Sur.*

NEURALGIA. CASE OF MISS E. R. L. BY J. LEE, M. D. OF CAMDEN, S. C.

Miss L. spent the winter of 1836-'7 in Mobile and New Orleans; prolonging her residence until June, '37. Returning to South Carolina she was much exposed; several times wet; took severe cold; was attacked with neuralgic pains in the face; referred principally to the dens sapientiæ, inferior maxilla, right side. On examination I found two cavities not deep; I excavated and filled them; pain continued a week or ten days; I extracted the tooth; it came away easily; the tooth was not considered the cause of the pain, but it was crowded and could be well spared. The pain in the jaw increased. It was treated through the general system, and locally, by stimulants, galvanism, emollients, and as it manifested a periodicity of pain from bad to worse, it was treated with quinine, &c., &c., Nothing left undone from which hopes of benefit could be derived.

From November to January, 1838, scarce a night's rest was obtained; the whole system seemed to be giving way under intense suffering; the pain commenced at the right central incisor, and extended back to the angle of the jaw; the middle and upper branch of the nerve were only occasionally painful. At this stage of the disease she earnestly solicited the extraction of the teeth; this, of course, was refused. I proposed the examination of the first molar of that side which I had plugged with gold in 1832; removing the filling, I found the bottom of the cavity clean and white. I then drilled into the pulp, causing but little additional pain; the pulp was perfectly healthy. One-eighth grain of arsenic was placed in the cavity and covered with wax. At the expiration of two hours the pain began to diminish.—That night she slept well. I renewed the arsenic, putting in half a grain and covered it with a tin filling. At the expiration of ten days I took out the tin, most of the arsenic had disappeared. The capsule of the tooth was very tender, being inflamed, as I suppose, from the absorption of the arsenic; this soreness continued more than a month. Three months have now elapsed since the operation. The neuralgic pain has not returned; the tooth has no sensibility. At present it has a tin filling.

STRENGTHENING TEETH, GOLD PLATES.

In constructing gold plates for the insertion of artificial teeth, dentists generally use that which is about No. 28 by the wire guage, some who work at uncommonly low prices, use an article much thinner than this, often not thicker than No. 30 or 32. It is needless to say that this is entirely too thin to do service in the mouth for any length of time, hence we are constantly called upon to repair and strengthen these plates. Even No. 28, is too thin for most cases where the antagonistic teeth strike with any force upon the artificial ones mounted upon the plate. I have often found that the bicuspidæ and molars set

upon plates of this thickness, after a few months wear against the lower teeth, begin gradually to spread by the straightening of the plate across the roof of the mouth, and continue to give way until the lower ones finally strike against the backs of the upper ones, or entirely within them against the plate. Generally, however, before it has gone to this extent some of the teeth, (so slightly are they made) give way and come off, and the dentist is called upon to repair, when he brings back the plate to its original position, and it goes on straightening and giving way as before until it finally breaks in two, and then a new and stronger one has to be made.

Those who wear entire upper sets of artificial teeth generally use the bicuspidæ for the hardest part of their mastication, and it will be found of great service to strengthen these plates by soldering on an extra piece of plate, about half an inch in width, extending from the backs of the bicuspidæ on one side across the roof of the mouth to the corresponding teeth on the opposite side. When only the bicuspidæ are to be set on each side with perhaps one or two adjoining teeth, the strip of plate passing back of the incisors should be at least as thick as No. 24, while the ends may be beat out to the thinness of 28. Plates made in this substantial manner will be found serviceable for years, and the teeth will be much less liable to come off than when put upon plates which spring at every strain that comes upon them.


Every Dentist, I presume, has had much trouble from the breaking of the wires by which artificial teeth are fastened to the gold backs which attach them to the plate. This happens most frequently with short bicuspidæ and molares which have the hardest duty to perform in mastication. Sometimes the pins draw out of the teeth without any fracture in the material of which they are composed; in other cases the tooth crumbles and gives way, and not unfrequently the solder fails and the wires draw from the backs; this accident would seldom happen if the wires were made extra large so that the solder would have a larger surface to adhere to.

In order to prevent any of the above accidents, about eight years since, I ordered a lot of bicuspidæ to be manufactured for me with the usual wires in the backs and a small hole through the whole length of the tooth for an extra pivot. These Teeth I mounted upon plates in the following manner: After the clasps were soldered to the plate and the whole accurately adjusted in the mouth, the artificial teeth were partially fitted to the plate; a thick coating of plaster of Paris, was then put over the teeth and plate so as to secure them firmly together while the plate was drilled, through the holes made in the teeth, for the pivot; this being done the teeth were removed, and gold wires, the right size to fit the holes in the teeth were securely soldered to the plate; the teeth were then ground so as to fit perfectly upon the plates and articulate well with the teeth in the opposite jaw; The next step was to put on the backs, and to make the whole more secure, I bent these over the end of the tooth and perforated them so

as to allow the pivot to come through them. They were then soldered to the plate, the platina wires, and the pivot. Since then I have had very short bicuspidæ made with only one platina wire, put into the tooth in the form of an ox-bow, and passing round the hole made for the pivot as near the front of the tooth as it could be put without showing through the enamel; this I consider an improvement upon the other plan, when we are obliged to set very short teeth, as often happens when the natural ones have been much worn away by mastication.

I have inserted many of these teeth during the past eight years and do not now recollect that any of them has ever given way or needed the slightest repairing. Besides the additional strength, which is obtained by this method of inserting, the patient has a gold surface on the end of the tooth to bite against, which to many is much pleasanter than the gritty material of which mineral teeth are composed. The labor is, of course, something more than when done in the usual manner; but the satisfaction which the Dentist experiences as he sees these teeth from time to time, as sound and strong, after years of hard wear, as on the day when the work was completed, and the gratitude which patients often express for the good service they have done them, while contrasting them with those of a friend's, as is often the case, where teeth have had to undergo frequent repairs, will amply repay us for the extra trouble and expense of the workmanship. An honorable man who is determined to succeed in his profession will need no higher recommendation, no better advertisement, than the superiority of his own workmanship; the young Dentist who is not so well established as to have a full business, has ample time at his command, while he who has all he can turn his hand to, can well afford to employ a proper assistant. A.

Cement for Teeth.—M. Ostermayr proposes a cement which he considers to approach very nearly to the composition of enamel: it consists of quicklime, 13 parts; anhydrous phosphoric acid, 12 parts. The lime must be finely pulverized, and chemically pure. The anhydrous phosphoric acid is obtained by the combustion of phosphorus in dry air. The two substances are to be quickly mixed together, so as to form a powder. This is to be introduced into the cavity of the tooth, previously dried, and to be moistened with a small quantity of water.—*Encyclographie des Sciences Medicales.*

 We call the attention of our readers to M. Levett's advertisement of his enameled plates which were noticed in the August number of the Recorder.

NEW YORK DENTAL RECORDER.

SEPTEMBER 1, 1848.

AMALGAM CONTROVERSY.

Our readers must all be tired of the controversy which has for several months been carried on between Drs. Parmly and Baker in the Dental Recorder, in which personal matters have had much more to do than the merits or demerits of Silver Amalgam as a filling for carious teeth.

When the recorder came into our hands, Dr. Parmly requested permission to correct some errors, which had previously appeared in it, in reference to himself, which, as he alledged, involved, "personal truth and personal character." Although not responsible for what had appeared in the Recorder previous to that time, we felt anxious to do full justice to all parties and accordingly consented although reluctantly.

Dr. Baker, on the one hand, feels that he and all others who use Amalgam in any way, or to any extent in their practice, have been most grossly insulted and injured by Dr. Parmly, while Dr. P. also feels that he has been misrepresented, and his language perverted and wrongly quoted by Dr. Baker—very common feelings we imagine for controversialists to cherish towards each other. For seven months these gentlemen have been engaged in a war of words and yet the contest seems no nearer its termination than when it first begun.—Many of our readers are enquiring what all this is about, and why they are bored with the personal affairs of Drs. Parmly and Baker.—The propriety of the use of Amalgam has not been touched and the question of the veracity of either of the gentlemen is of but little interest to them. Under these circumstances we have declined publishing anything more upon the subject with the exception of the following explanation, which Dr. Parmly desires us to make—

Dr. Baker in his last reply to Dr. P. says—"Dr. Bemis then is the professional friend of Mr. Ames, to whom Dr. Parmly wrote." Dr. Parmly says his letter was not addressed to Dr. Bemis, but to the physician* of Mr. Ames, and not knowing his name he inclosed it in the following note to the Post Master in Springfield—"Dear Sir: Will you be kind enough to direct and forward the inclosed immediately to the physician who attended the late Mr. Ames, and oblige yours, &c. &c." That letter Dr. Bemis informed Dr. Parmly he never received.

Although Dr. Bemis was, for several months after Mr. Ames re-

* On page 182, eight lines from the top, for "physicians" read physician.

turned from Paris, his attending physician, and although he has been often applied to for a statement of the case and his opinion solicited in reference to the effects of Amalgam upon his health and constitution, the following letter to the New York Journal of Medicine, is all that we have seen from him, except the report of Dr. Houston.

Dr. A. LEE, New York.

Dear Sir : Your letter (accompanying Journal) requesting the details in the case of the late N. P. Ames, Esq., of this village, were duly received.

I have had numerous similar enquiries within the last two or three weeks, from members of our profession and also from dentists ; and for reasons have not answered them.

Mr. Ames' case was an obscure one of long standing ; and during the last eighteen months of his life he was not under any active medical treatment, except, perhaps, the last two or three months he was under hydropathic treatment at Brattleborough, Vt.

There was no autopsical examination ; and in my opinion, no definite facts can be elucidated in his case having a *decided bearing* upon the subject of mercurial Amalgam. Moreover, I am aware of the repugnance his relatives have to the publicity of his name and case in all the papers of the day. Yours with much respect,

DAVID BEMIS.

The subject of the use of Amalgam for filling teeth, has never, in our opinion, been treated fairly in this country, and never can be until the strong party feeling which now exists shall have subsided. At a proper time we intend to give our views in full upon the subject and in the meantime we shall continue to publish such facts concerning it as may come under our own observation, or be communicated for the Recorder.

INCREASE OF DENTISTS.

When there were but two or three Dentists in Boston, it was a question how they could support themselves. Now there are seventy dental practitioners, and it is said they are all well sustained. It is true that the reputation of some of the older ones may secure them a very large share of patronage, while the juniors have small but always comfortable fees, with fair prospects of increasing business.—To the multiplication of rail-road facilities is the prosperity of this useful department, in some degree, due in this city ; and it is by no means improbable, that the profession will number two hundred in their ranks in less than twenty years.—*Boston Med. & Surg. Jour.*

Dr. Allen, in an article in the Dental Register, of the West, also states that eighteen years since, when he commenced the practice of Dental Surgery in Cincinnati, there were but four dentists, three be-

sides himself, although the city contained a population of thirty thousand. The population is now some ninety thousand, showing an increase of two hundred per cent. in eighteen years."

"Thirty thousand of this population," continues Dr. Allen, "are foreigners, who never patronize a dentist; but this increase of population bears but a very small proportion to the increase of dentists in the city during the same time. The former ratio would now give us nine dentists, instead of which we have forty-two names bearing that title, besides students and transient dentists, of whom there are always more or less in the city."

The above is believed to be a fair estimate of the general increase of dentists throughout the country, and instead of rail-road facilities, we are disposed to attribute it to the progress of intelligence and refinement among the people. In Massachusetts the dentists are not by any means confined to Boston; Lowell, Worcester, Springfield and many other large towns have each from five to ten practicing Dentists, while there is hardly a town in the commonwealth, large enough to support two physicians, that does not sustain, for several months in a year, at least one dentist.

We have always regarded great care of the teeth as one evidence of superior refinement and a high state of civilization, in proof of it we may instance the following fact: During a residence of several years in one of the large towns at the east where patients came from all the neighboring towns for operations upon their teeth, it was found from an exact calculation that more business of this kind came from two towns where high schools (Academies) had long been established than from all the others, although the population and wealth were not greater in these towns than in several others. There was more general intelligence, however, among the people and a higher and more refined grade of society—they had learned the value of their teeth and the utility of judicious dental operations in preserving them from decay. The practice of the dental art is destined to increase and spread, and to keep pace with the progress of knowledge and refinement; and it behooves all dentists who have the honor and respectability of their calling in view, to use all their influence to sustain and increase the facilities for qualifying young men for entering upon its responsible duties. We need more societies for mutual improvement, and more schools or colleges where students can qualify themselves for practice in every department of the art.

BALTIMORE COLLEGE OF DENTAL SURGERY.

We have received the Ninth Annual Circular of the Baltimore College of Dental Surgery, and would call the attention of our readers to the advertisement opposite the first page of the present number of the Recorder.

The advantages which this institution affords for obtaining a thorough theoretical and practical knowledge of every branch of Dental Surgery are not surpassed in this country. "Attached to the Lecture Rooms of the College are Mechanical Apartments and an Infirmary. These latter are open several weeks prior to the lectures and during the whole of the session, and the Professors and Demonstrators, to whose care these apartments pertain, are daily with the students to give all necessary assistance."

The following Operations were performed by the Students in the College during the session of 1847-48 :

Cavities in teeth prepared and filled at an average expense of labor, of 3 3-4 hours each,	-	-	-	-	190
Spaces filled between teeth for the removal of caries, or preparatory to filling,	-	-	-	-	144
Tartar removed from teeth, (No. of sets,)	-	-	-	-	32
Diseased gums treated, (No. of cases,)	-	-	-	-	37
Teeth and roots of the teeth extracted,	-	-	-	-	329
Cases of irregularity of the teeth treated,	-	-	-	-	9
Artificial teeth mounted on metallic bases,	-	-	-	-	525
Artificial teeth applied to natural roots,	-	-	-	-	4
Artificial obturators and palates,	-	-	-	-	4

The Faculty announce that hereafter they will invite a committee of Physicians and Dentists to be present at and participate in the final examination of all candidates for degrees.

The Committee for the ensuing year will be

E. B. GARDETT, M. D., Philadelphia,	} Dentists.
E. MAYNARD, " Washington City.	
S. P. HULIHEN, D. D., S. Wheeling, Va.	
E. TOWNSEND, D. D. S., Philadelphia,	
WM. W. HANDY, M. D., Baltimore,	} Physicians
J. R. W. DUNBAR, " "	
J. I. COHEN, " "	

NEW YORK ACADEMY OF MEDICINE.

We learn from the newspapers, that the New York Academy of Medicine, at its last regular meeting, decided not to admit any Dental Surgeons to membership in their society, declaring by vote, that persons practicing in the dental art, whether educated physicians and surgeons or not, are not "regular practitioners of Medicine and Surgery."

The word "regular" has within the last few years given great trouble to the faculty, so that they have had much difficulty in deciding what is regular and what is irregular, and the Academy in endeavoring to establish regulations for regulating the *irregular* regulars, have decided to exclude from its society all who are found guilty of selling medicines, (druggists) or extracting and filling teeth. The oculists and

aurists will probably go next, especially if they are found guilty of the very unprofessional act of adjusting a pair of spectacles or hearing-trumpet to the eyes or ears of their patients.

At the present time, on the Continent, in England, and in our own country, the tendency, in medicine and surgery, is to specialities, by which the practice and exertions of many of our physicians in larger cities are confined mainly to one distinct class of diseases, after being thoroughly educated in the general principles pertaining to all. This tendency is favored and encouraged by the most learned and talented in the profession, and accordingly we now find one man celebrated for superior skill in the treatment of one particular class of diseases, and another of another class, such, for instance, as cutaneous affections, pulmonary affections, diseases of the genital, or urinary organs, and we do not see why an educated physician, whose peculiar taste or talent inclines him to practice upon the teeth, should be decided irregular, any more than if he devoted his attention to the skin, the throat, the lungs, or any other part of the body.

No man can practice dental surgery upon scientific principles without practicing medicine every day of his life: this the members of the Academy would know if they knew anything about the speciality of dental surgery, and although, like the manual part of every branch of surgery, it is mainly mechanical, its principles can only be learned by the study of the principles of medicine and surgery. If the diseases which are now generally submitted to the care of dentists were better understood by physicians they would not be found, as some eminent men have been, treating for strumous inflammations, or scrofula, diseases which were caused solely by dead and irritating teeth.

The Medical Association which recently met at Baltimore, admitted the Delegates from the Baltimore College of Dental Surgery, on equal grounds with those from any medical school or society. The Royal College of Physicians and Surgeons, and the Massachusetts Medical Society have several members who are dentists, and we do not believe that the Academy of Medicine would degrade itself by following their examples and admitting to membership such educated dental surgeons as may be anxious to join it.

OHIO COLLEGE OF DENTAL SURGERY.

The fourth annual announcement of this institution has been forwarded to us, from which we learn that the vacancies in the faculty, caused by the resignation of Professors Cook and Rodgers, have been filled by the appointment of Professors Shotwell, of the Medical College of Ohio, and Dr. Mendenhall, an experienced lecturer on Medical Science. The lectures on Chemistry will be delivered by Dr. Raymond, an experienced and indefatigable chemist who devotes his whole attention to this subject. The mechanical part will be under the supervision of A. M. Leslie, D. D. S., and we learn that ample opportunities will be afforded for practice in this department.

We congratulate the Dentists of the west, on the re-organization, and, as we hope and trust, the permanent establishment of this school for fitting young men for practice in all the various branches of surgical and mechanical dentistry. We are satisfied that institutions of this kind afford advantages to students which they cannot find in the offices of any individual dentist engaged in practice, and we trust that similar institutions will be established and sustained throughout the country.

OUR NEXT VOLUME.

The present number closes Volume 2d of the Dental Recorder. This periodical was commenced in a small way at the urgent solicitation of many of the dental surgeons in the city and vicinity of New York, under the impression that a periodical was needed of a more practical character than any that was then published. It was not expected that the subscription list would be large, considering that there were at the time of its commencement two established journals in the country, while the whole number of dentists, if they all subscribed, would not more than support one publication as it ought to be supported; but under the impression that the profession in our largest city needed a periodical of this kind, and would support it, the work was undertaken. Its success has fully sustained the expectations of its friends and induced the proprietor, with the commencement of the present volume, to enlarge it to nearly double the size of the first, and we propose to increase it still more. The next volume will be printed in similar type to the present and contain twenty-four pages of reading matter besides the advertisements, making, when bound, a volume of two hundred and eighty-eight pages.

The proprietor takes this opportunity to return his thanks to those subscribers who have paid for the work, for their liberal patronage, while those who have neglected to do so are informed that their subscriptions, now due, are needed to defray the expenses of the work.

For the next volume we have been promised the assistance of several good writers, among them some of the best; the work will also contain wood cuts whenever necessary to assist in illustrating more fully than can be done by a mere description, any important operations, instruments, &c.

It is believed that there is no work now published that affords greater facilities to instrument makers, manufacturers of teeth, gold foil, files, and dealers in all other articles used by the dentists, to advertise in than the Dental Recorder, for in addition to our regular subscription list, the first number will be sent to every known dentist in this country.

The editor promises to spare no pains on his part, in making the Recorder as interesting and instructive as possible to its subscribers. It will be his object to give its readers everything which is new and interesting in the science and art of Dental Surgery, as well as the collateral branches of medicine, surgery, mechanics, or any other subject in any way connected with our profession.

